

AN ANALYSIS OF COMMUNICATIONS
IN
SELECTED SUPERVISORY SITUATIONS

By: Charles Reuell

1954



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AN ANALYSIS OF COMMUNICATIONS
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SELECTED SUPERVISORY SITUATIONS

Submitted by
CHARLES REUELL

In partial fulfillment of requirements for the Degree of
Master of Science with the Major in
Nursing Service Administration

OCTOBER 1954

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BOSTON UNIVERSITY
SCHOOL OF BUSINESS

ANALYSIS OF INVESTMENTS

IN

SELECTED AMERICAN COMPANIES

Submitted by

JOHN H. KELLY

In partial fulfillment of requirements for the degree of

Master of Science with the major in

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1. Buech, Jürgen & Salomon, Werner. Communication. p 3. Ed. W. B. Norton & Co., 1961
2. Ibid. p 4.

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CHAPTER I

INTRODUCTION

Ideas create wealth, and since the advent of this century, the rapidity of the growth of ideas in the fields of administration and supervision has been phenomenal. The age old problem of communicating ideas remains with us and is even more acute in today's complex organizations. "Communication is the social matrix"¹ which binds and separates individuals and groups. When the effectiveness of communicating falters partial or complete misunderstanding may be the result and the desired goals of the organization may never be reached.

Today, as those in supervision and administration strive to develop democratic ways of leadership, one of the basic tools, interpersonal communication, is frequently overlooked. Ruesch and Bateson² say, "In practice, communication links object to person, and person to person." When this principle is forgotten, as it so frequently is, the process of supervision may be seriously interfered with, hence, the examination of communications on an interpersonal level is the primary concern of this study.

1. Ruesch, Jurgen & Bateson, Gregory. Communication. p 8. N.Y.

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2. Ibid. p. 3.

STATEMENT OF THE PROBLEM

Will an analysis of the ways of communicating in selected supervisory situations show the need for improvement of the process of supervision?

This study is limited to an analysis of the face to face communications as they occur in the five cases to be presented. Formalized methods of communicating, as memorandums, bulletins, or other forms of mass communication, will not be considered.

The number of situations used, or the size of the sample, may not be wholly representative of the communications in the hospital, yet the number is sufficient to find some of the factors which influence the process of supervision in a positive or negative manner. It is felt that the number of cases chosen is sufficient to give evidence in areas where improvement may be made in the supervisory process.

The inherent limitations in the case method, the case writer's unawareness of all relevant facts about the situation, or the inclusion of all observed facts, are self-limitations of the tool. These may be even greater with a less experienced case writer, who must, either consciously or unconsciously, engage in a selective process.

Another limitation in the method is the kind of situations to which the findings will apply. Cautious comparison with other situations is indicated.

The scope of the study is the five situations presented in the case material. The study is concerned only with a selected portion of

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the personnel communicating with one another in selected situations.

The study is further concerned with an appraisal of factors demonstrative of elements which foster effective communications, or factors which interfere with effective communications based on the material in the cases.

The purpose of the study is to examine the interpersonal communications in the cases to be presented. It is the writer's belief that persons with supervisory responsibilities often find themselves so involved in the immediate solutions of a multitude of problems that the examination of their relationships and communications with others is frequently overlooked.

The intention is not to decide whether the whole supervisory process at Brattle Hospital is good or bad, but what factors in the process of communication contribute to effective or ineffective supervision in these five reported situations.

Further, the purpose was to collect cases in which communications played an important part in the supervisory process, and through an analysis of these cases determine whether communications were effective or ineffective and why. The final purpose is to determine what implications there are in these for the improvement of the supervisory process.

Contributory questions to the study are; first, what is the influence of methods of interpersonal communications on supervision? Second, will they show a need for modifying the ways of communicating? Third, what is the influence of the interpersonal relations on the personnel involved during communication which may show need for modification.

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To reach a solution an answer must be found to these primary questions.

Treatment of the data is by the case form followed by an analysis of the cases. Items of communication will be presented in relation to criteria for effective and ineffective ways of communicating. What conclusions and inferences can be drawn from the analysis of the case material?

STATEMENT OF PRESENTATION

Chapter II will present the point of view of the study. Chapter III will present the cases followed by their analysis. Chapter IV will discuss the findings in terms of APOSDCORB. Chapter V will present the conclusions, recommendations and bibliography.

As Barr, Burton and Bruckner¹ states: "Adults are the victims of their training and experience. Democracy will not work without the development of the democratic consciousness. A firm belief in the principles of democracy, a sincere and persistent attitude of desiring to conduct oneself democratically, and an unshakable faith in the ability of

1. Barr, A. E., Burton, William M., Bruckner, Leo J. Supervision.
N.Y. Appleton-Century Crafts. p 80.

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CHAPTER II

A POINT OF VIEW

Democracy is a way of life. It is the political form we have inherited and to which we subscribe to guide our collective political and economic destinies. As a philosophy, democracy has had the edges of its meaning blurred, over a period of time. Today in Nursing, its true value has come to life with new meaning. There has come the realization that authoritarianism is self-limiting and in conflict with our social and political environment, of which nursing is a highly important segment.

Democracy does not make men equals, rather it equates individuals in their worth to society. It permits freedom to contribute equally to the advancement of society; it allows for creativeness both in individual effort and collective effort with respect for the contributor. Inherent in democracy are not only rights for the individual but also the obligations which he must assume before he can fully enjoy his rights.

As Barr, Burton and Brueckner¹ state; "Adults are the victims of their training and experience. Democracy will not work without the development of the democratic conscience: A firm belief in the principles of democracy, a sincere and persistent attitude of desiring to conduct oneself democratically, and an unshakeable faith in the ability of

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impossible unless human beings to achieve the difficult levels of democratic life. Democracy will be successful to the degree in which individuals gladly assume responsibility and fulfil obligations." In terms of this, it takes little imagination to understand why nursing, which has been traditionally autocratic, is only now in the initial throes of a transition to democratic thought and action. Leadership, for example, has been centered in those vested with certain positions in the upper echelons of the hierarchy, authority being dependent upon the position held.

Democratic leadership provides opportunities for participation and cooperation for the entire staff, for leadership by others in problem solving and policy formation, not by the issuing of orders for others to carry out. Thus, real authority stems from the situation under consideration. Authority is self-imposed and subject to the staff's determinations of what can be done, and by whom and how it will be done through their own deliberations. In place of obedience to authority the staff now, through acceptance of its responsibility for action, will move forward in the direction of the organizations stated objectives. Thus, when the opportunity arrives for sharing the responsibility for decisions with their leaders, nurses can resolve their dilemmas in a realistic manner.

Baganz² says, "The problem of the hospital administrator is the problem of efficient and appropriate supervision. This supervision is

1. Fisher, Herman. *Administration and the Nursing Service*. p 22.

N.Y. The Macmillan Co., 1954

2. Baganz, C. N. *The Nurse and Director of Psychiatric Nursing*.

2. Baganz, C. N. "Psychiatric Aspects of Hospital Administration" *The American Journal of Psychiatry*. Oct., 1951. p 277.

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2. Barnes, G. W. "Psychiatric Aspects of Hospital Administration"
The American Journal of Psychiatry, Oct., 1951, p. 877.

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Finer³ says that "Nursing because of its service requires teamwork between individuals and departments in blended effort."

Democratic action and supervision utilize groups and group discussion to develop conditions in which each member may participate and in which each member has the responsibility to contribute to the thinking of the group.

Muller⁴ states, "Teaching and Supervisory programs on any level are successful according to the type of flexible leadership which fosters the interchange of communication between those who teach or supervise and those who carry out the functions in direct relationships with patients."

Briggs⁵ says, "Supervision should be characterized by simplicity and informality." He implies that there is little of importance that cannot be communicated by the use of simple language with a minimum of ceremony, for the greater part of supervision is carried out on a one

3. Finer, Herman. Administration and The Nursing Services. p 22. N.Y. The Macmillan Co., 1952

4. Muller, Theresa G. The Nature and Direction of Psychiatric Nursing. p 246. Phila. J. B. Lippincott Co., 1950

5. Briggs, Thomas H. Improving Instruction. p 136. N.Y. The Macmillan Co., 1947

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Hoslett⁶ says, "One vital element in good supervision is effective communication from the bottom up." The implication is that communication is a two way process which may reduce the workers "isolation from their supervisors as far as their thoughts and feelings are concerned."⁷

To be effective, this must be a customary pattern of human relations, geared to an understanding of and respect for another's point of view.

Hall⁸ says, "Communication is the art of developing understanding. Unless people understand the meaning of what you are trying to communicate, they will not respond effectively. Communication takes many forms."

Communication for the purpose of this study, may be defined as a network of partial or complete understanding.⁹ The process includes verbal expression, gestures, posture, tone of speech, facial expressions, silences, action or inaction, and insight into the situation. This portion of the process of communications cannot be examined in this paper inasmuch as the behavioral aspects would of necessity be inferred or assumed and not based on fact.

6. Hoslett, Schuyler D. Human Factors in Management. p 136. N. Y. Harper and Bros. Publishers, 1951

7. Ibid. p 69.

8. Hall, Hiram. "Communicating with Others" p 63. The American Journal of Nursing. Vol. 53, No. 1. January, 1953

9. "Communications in Business and Industry" p 3. Johnson & Johnson. New Brunswick, N.J. 1949 Unpublished.

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8. Roslett, Schuyler D. Human Factors in Management. p 158. N. Y. Harper and Bros. Publishers, 1951
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The criteria, which will be utilized to show effective or ineffective communications on the verbal level, are, first, what learning takes place through communication? For example, when two people are talking and are in agreement or reach agreement, satisfaction occurs. Then it may be said that learning takes place. During this process attitudes are developed, insight into the situation develops, motivation is rewarded, which leads to change in thinking, fostering effective communications.

Second, what are the consequences of catharsis and reinforcement in communication? An operational example of catharsis and reinforcement - these are not mutually exclusive - may occur during griping and ventilation of one's feelings about another person or situation. The reinforcement of ideas can occur when another agrees with one's ideas. Reinforcement may also occur if one's opinion or ideas are rejected without explanation.

Third, Pseudocommunication: how much of a role does it play in interpersonal communications? Promotion of conditions under which pseudocommunications may occur, are when attitudes are intense, and verbal responses are irrelevant to the ideas expressed. The forces at play hinder or block understanding by either participant in the situation.

These criteria are not discrete entities, that is they do not stand out clearly by themselves, rather they are incorporated in the total situations. They are presented as isolates in order to disclose their effect on communications in these selected cases.

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Communication cannot be conceived as a static thing, it is a dynamic force. It has the property of motion and may be visualized as constantly flowing back and forth between people, transmitting ideas, feelings, attitudes, opinions, understanding and misunderstanding. Consequently, communication, because it is dynamic, allows for self-correction when partial understanding or misunderstanding occurs between those participating in a social setting.

As Rogers¹⁰ says, "Freedom of communication is a necessary condition for friendly interpersonal relations between members of a group. A group fighting within itself and not communicating is seldom capable of adequate adjustive behavior."

Following each case is a list of the characters involved in each incident. The intent being to aid in a better understanding of the relationships of those participating in each situation.

The cases are followed immediately by analysis and interpretation. The analysis of the interpersonal communications in the cases does not tend itself to close writing of the material as a sentence by

10. Rogers, Carl. Client-Centered Therapy. p 344. Boston. Houghton Mifflin Co., 1951

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CHAPTER III

PRESENTATION OF CASES AND THEIR ANALYSES

The cases which follow are preceeded by a description of the setting in which the data were collected. The organizational diagram of the Nursing Service Department is also included which clarifies, graphically, some of the comments made in the description. A diagram illustrative of the channels of communication, commonly utilized by the Nursing division, is presented in conjunction with the organizational chart. The purpose of this graphic presentation is to illustrate the confusion which develops when regular lines of communicating are not observed. Duplication of effort, indecision, and frustration often results on the part of the supervisors as a consequence of the complete freedom accorded the nursing staff to by-pass the supervisory nursing personnel.

Preceeding each case is a list of the characters involved in each incident. The intent being to aid in a better understanding of the relationships of those participating in each situation.

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manner in order to illustrate the importance of learning, catharsis and reinforcement, and pseudocommunication as it affects interpersonal communication.

Wattle Hospital is a private institution established for the study and treatment of patients suffering from nervous or mental diseases. The hospital is situated in an urban area. There are large well-landscaped grounds and a series of buildings, large and old, of pleasant and generous aspect. They present a homelike and personal, rather than an aseptic hospital atmosphere.

The patient may retreat to the company of his or her associates in his own hall, to his own room, or merge into the larger community life. The psychiatric treatment is eclectic, but psychotherapy is the principal instrument of the clinical physicians.

The Hospital was built in a decentralized style, and with the exception of one building, there are two wings to each cottage. A head nurse is assigned to each floor with an assistant head nurse and a complement of attendants to staff them. The hospital supports a School of Nursing and accepts affiliating students from other schools. The students are rotated to the wards for the various types of experience available to them. As is the case generally, the students are depended upon to provide a certain amount of service on each unit to which they are assigned.

The hospital is divided into the Male and Female Services; each Service is headed by an Assistant Director of Nursing Service. These Assistants are responsible for organizing, directing, and super-

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DESCRIPTION OF THE SETTING

Brattle Hospital is a private institution established for the study and treatment of patients suffering from nervous or mental diseases. The hospital is situated in an urban area. There are large well-landscaped grounds and a score of buildings, large and old, of pleasant and generous aspect. They permit a homelike and personal, rather than an aseptic hospital atmosphere.

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The patient may retreat to the company of his or her associates on his own hall, to his own room, or emerge into the larger community life. The psychiatric treatment is eclectic, but psychotherapy is the principal instrument of the clinical physicians.

The hospital was built in a decentralized style, and, with the exception of one building, there are two wards to each cottage. A head nurse is assigned to each floor with an Assistant Head Nurse and a complement of attendants to staff them. The hospital supports a School of Nursing and accepts affiliating students from other schools. The students are rotated to the wards for the various types of experience available to them. As is the case generally, the students are depended upon to provide a certain amount of service on each unit to which they are assigned.

The hospital is divided into the Male and Female Services; each service is headed by an Assistant Director of Nursing Service. These Assistants are responsible for organizing, directing, and super-

vising the Nursing Service to insure sufficient and competent nursing care for the patients.

On the Female Service there is the Assistant Director of Nursing Service, a Supervisor and Clinical Instructor, and two Supervisors. They are equally responsible for the supervision of the entire Female Service and are not assigned separate units or buildings. There are nine Head Nurses on this Service.

The Assistant Director of Nursing Service, Miss Carr, and the supervisors of the Women's Service, have their offices grouped together in one of the front buildings. Miss Carr shares her office with Miss Dunn, one of the Supervisors. Adjacent to this office is another office for the remaining two Supervisors and the Director of Nurses's secretary. The Director of Nurses and the Assistant Director of the School of Nursing also have their offices in this series of rooms.

The Assistant Director of Nursing on the Male Service, Mr. Buckley, has his office in another front building. He has his own office connecting with that of his Supervisors. The Supervisors, at the time the data were assembled, consisted of one full-time Supervisor and Clinical Instructor, a Supervisor, working full-time, and two part-time Supervisors. There are five Head Nurses on this Service.

Each morning, usually between eight and eight-thirty in the morning, the Medical Chief of the Male Service comes to the Supervisor's office to read the day and night reports, to sign necessary forms, and to be available for consultation with the Head Nurses here.

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The Assistant Director of Nursing Service, Miss Carr, and the Supervisors of the Women's Service, have their offices grouped together in one of the front buildings. Miss Carr shares her office with Miss Lane, one of the Supervisors. Adjacent to this office is another office for the remaining two Supervisors and the Director of Nurses's secretary.

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Through observation, it has been noted that the Assistant Directors play a dual role; first, that of the Assistant Director of Nursing Service engaged in organizing and directing Nursing Service; secondly, that of a Supervisor engaged in direct supervision of Nursing care. The latter arises partially out of the physical location of their offices and the sharing of telephone facilities with the Supervisors. These two points foster their identification as Supervisors in the minds of the Head Nurses. The Head Nurses generally group those in the administrative hierarchy into the East and West offices and share their problems equally with those in the East and West offices.

The Supervisors function in a dual role also, that of a Supervisor of Nursing Service and as a Clinical Instructor. Their administrative functions as stated in the personnel policies are presented mainly in the form of assistance to others which places a shadowy area around the extent of their authority and responsibility. Their proximity to the Assistant Directors also appears to reduce their sense of independence and responsibility because of the ease in appealing to higher authority for decisions.

Another by-product of this proximity is the complexity of the interpersonal relations. This arises from both the pressure of each day's activities and the search for solutions to the multitude of problems presented daily.

The Head Nurse is delegated the responsibility for the administration of the ward unit and is responsible to the Supervisor. In

practice organizational channels may or may not be observed and Head Nurses frequently go directly to department heads. They are viewed as the "key people" in the care of the patients. Consequently, those Head Nurses who are judged to be mature and responsible persons are allowed considerable freedom in their actions. For example, when items of business which the Head Nurses feel necessitate leaving the ward, as seeing the steward or other department heads, they decide whether the ward coverage is adequate. Other Head Nurses must first notify the Supervisor's office of their intentions and gain permission to leave the unit. With this exception, the Head Nurse group as a whole decide what the particular needs of their unit are and how they can satisfy these needs.

Brattle Hospital is faced with the ever present problem of staffing and the turnover of nursing personnel. In 1953, the turnover rate was 41 per cent and the problems of staffing were ever present. Frequently shortages in ward coverage are solved only on a day-to-day basis, producing some of the aforementioned tensions. For example, Miss Carr told the writer that, "I kind of feel that our own set up is bad, especially in regard to part-time relief nurses. We have to depend on them too much. We have only two Head Nurses now who can be relieved by a graduate for vacations. I just don't know what we're going to do!"

The Assistant Directors of Nursing Service and the Supervisors cover the East and West offices from seven to seven daily. A weekly schedule is drawn up for split time, that is a three hour break in the middle of the day. The person who is assigned then covers "last hours"

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cover the East and West offices from seven to seven daily. A weekly
schedule is drawn up for split time, that is a three hour break in the
middle of the day. The person who is assigned then covers "last hour"

until seven p.m. The evening and night Supervisors come on duty at this time, and it is for this reason that the personnel look to the day supervisors for decisions affecting time, staffing problems, and their material needs for the patients. The Assistant directors are looked to especially for solutions to personnel problems by the Head Nurses.

Orientation of new Nursing Service employees is divided between the administrative group and the Head Nurses. The new employee is given an introduction to the hospital and the personnel policies by the Director of Nurses or the Assistant Directors of Nursing Service. The Head Nurses are then given the responsibility for completing the orientation. This portion is carried out on a more or less apprenticeship basis until the individual proves his competency in the situation.

Communication between the day and night Supervisors occurs during the exchange report. The night Supervisors are given information relative to the sickest patients, patients away from the hospital, staffing needs, such as special nurses, and events occurring throughout the day of interest to the night Supervisors.

The night Supervisors broadly function as filtering agents for the Medical Officer of the Day who shoulders most of the administrative duties. Personnel problems are passed on to the day personnel for action if they feel they cannot resolve the problem. They are responsible for apportioning the night staff throughout the wards to maintain an even coverage. The night Supervisors work staggered shifts, seven p.m. to three a.m. and eleven p.m. to seven a.m., for a total of forty hours per week. They maintain a routine of frequent visits to the wards

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throughout the evening and night. Their major responsibility is to supervise the floor nurses with patient problems and needs.

The Supervisors, including the Assistant Director of Nursing Service, on the East Service, are assigned, by a schedule drawn up in advance, to making daily visits to the wards. While the writer was making some observations on one of the wards, he observed several of the Supervisors visits to the ward. For example, one morning when Miss Carr was making the trips on Miss Jones' ward, after her greeting, she said, "Is everything under control?"

Miss Jones: "Yes, since Miss Walter (a patient) has been transferred.

What else could we do? I understood her, and the other nurses did, but she was pushing the other patients too far.."

Miss Carr: "We used to keep them in lower hall!"¹

Miss Jones: "But we can't. We don't have enough nurses, what with classes and all."

Miss Carr, smiling: "Good-bye. How many patients on Insulin treatment?"

Miss Jones: "Four."

Miss Carr: "That's a help. Who's going to the play tonight?"

Miss Jones: "I am and two students."

Miss Carr: "Make sure the patients get there. Be sure nothing happens."

Another morning, the writer observed another Supervisor making rounds on the same ward. Miss Jones joined her and after they had looked

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The writer observed Miss Dunn, a Supervisor, when she came on the ward. This morning, Miss Jones and she remained in the office talking about some of the patients and their families. At the conclusion of their conversation, Miss Dunn took the students folders and checked them reminding Miss Jones to have the students keep them up-to-date.

Rounds on the Male Service are not regular. This has occurred because all the Supervisors, with the exception of Mr. Buckley the Assistant Director, have been enrolled at a nearby university carrying part-time and full-time courses. Their work schedules have been fitted around class hours. As a consequence, Mr. Buckley has had to carry the bulk of the work in the office.

Faculty meetings are held monthly. All those in the administrative hierarchy, from Supervisors up to the Director of Nursing, attend. Two Head Nurses elected from their group also attend as their representatives. The purpose of these meetings is to discuss Nursing Service problems and to work out solutions for them following parliamentary procedure. Recently the procedure for sterilization of hypodermic needles was discussed and revised, and, the institution of a new weekly time sheet for the wards was under discussion at one of their meetings.

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The individualistic therapeutic orientation of the physicians and their concept of the Head Nurses job effects the kind of nursing which is given.

"Psychotherapy is the principal instrument of the clinical physicians, but this does not blind us to the many factors that help patients.....

"The group or social aspects of treatment are extremely important, and the relation of the individual to the group is constantly observed and developed.....

"Some of the groups focused on the patient are the nursing and medical staffs, the attendants, the Occupational therapy, Recreational therapy..."¹

Dr. Williams, a resident physician, told the writer, "I see the Head Nurse functioning mainly in the area of management and organization of the ward, and to see that communications between people are good. Her greatest responsibility is to see that the doctor's orders are carried out and the nursing care in accord with these. She is, I believe, a

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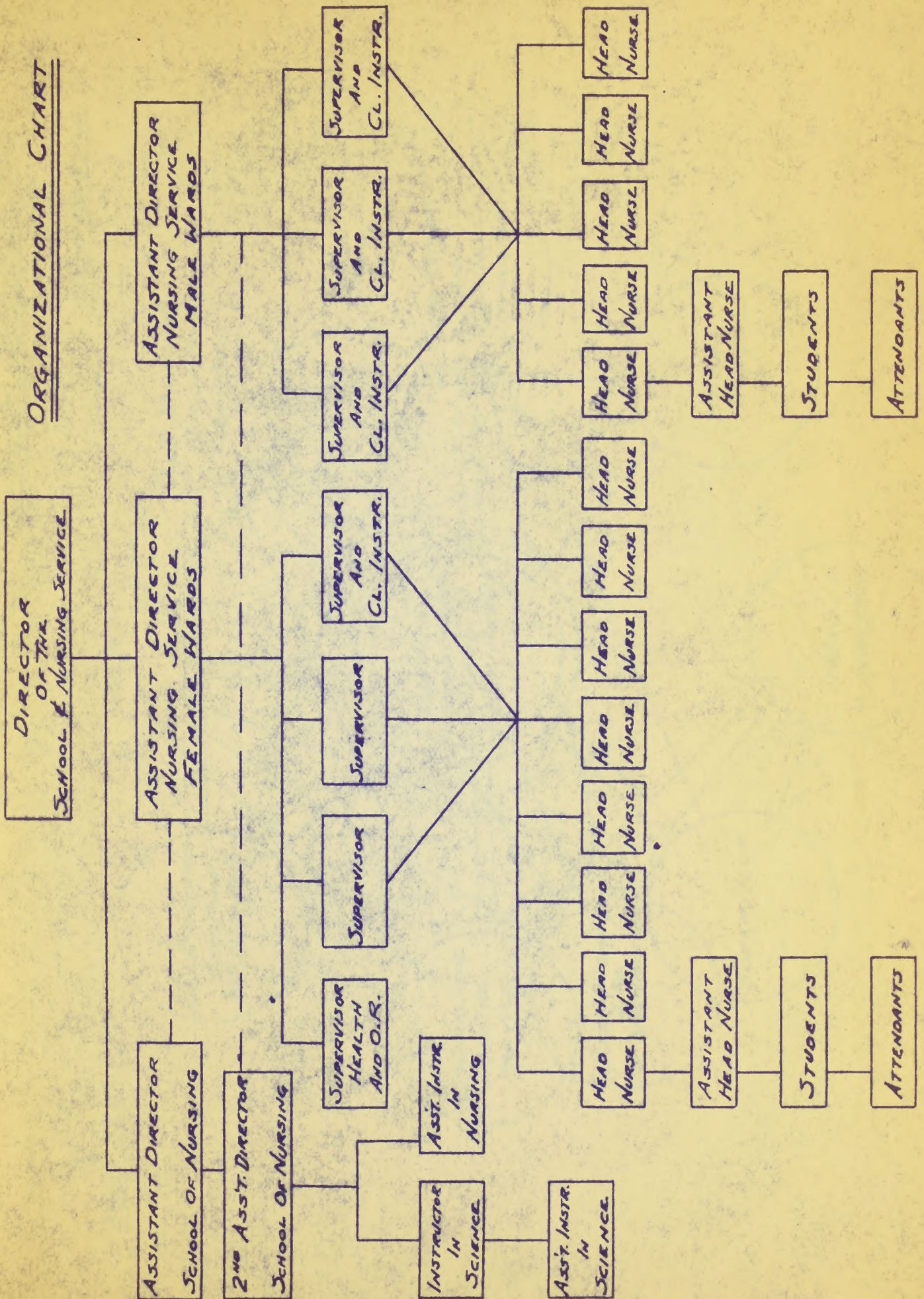
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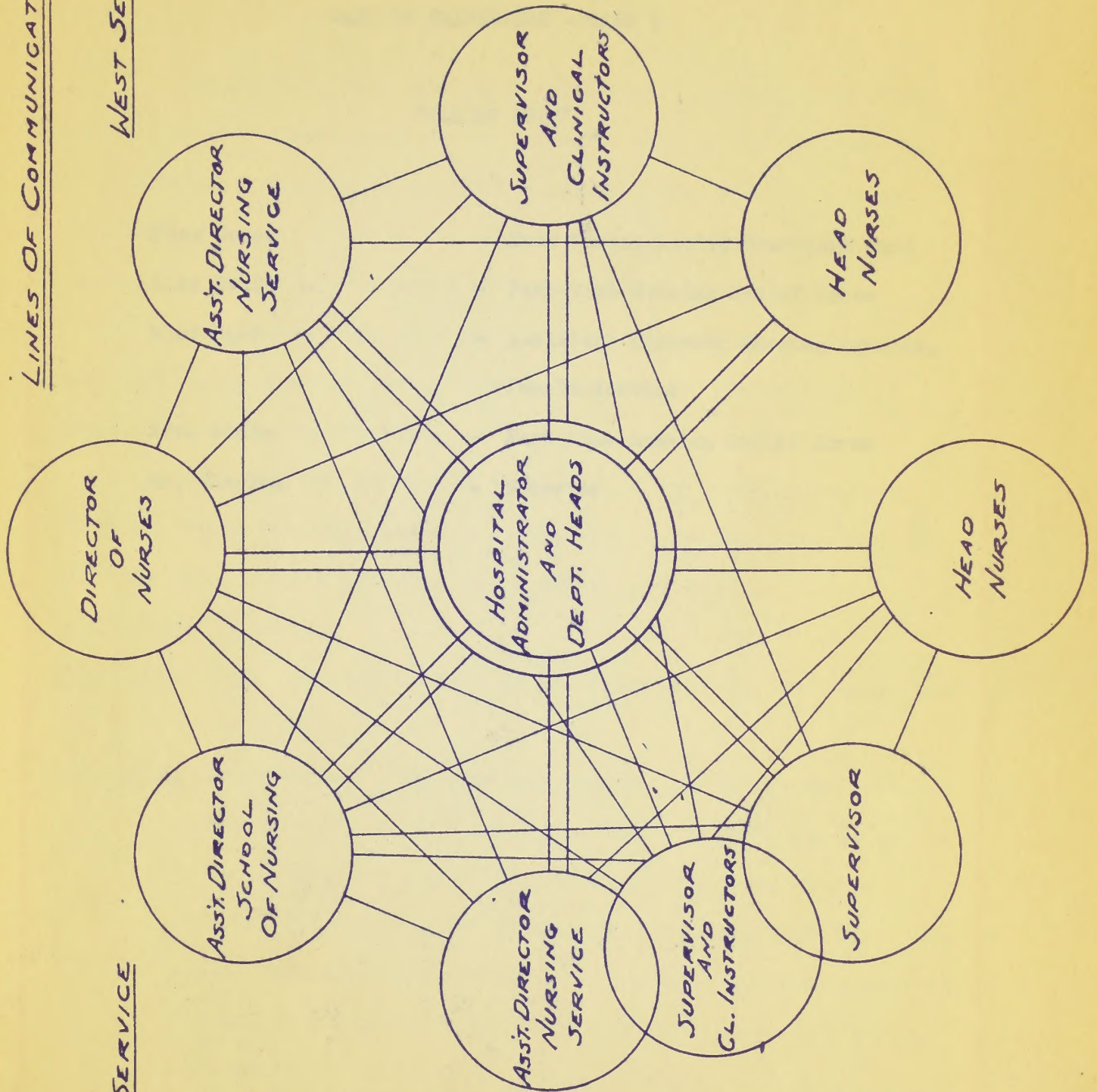
ORGANIZATIONAL CHART





LINES OF COMMUNICATION

WEST SERVICE



EAST SERVICE

UNIT 10 - CONSTITUTIONAL LAW



UNIT 11 - FEDERALISM

CAST OF CHARACTERS - CASE I

"RELIEF DUTY"

Brattle Hospital is a small psychiatric institution in which Miss Jones is the Head Nurse on the treatment ward of the last service. This ward has a capacity of eighteen women patients, four of whom are

on the Miss Jones' Ward on the - Head Nurse, Active Treatment Ward
Miss Swift's psychotherapy - Part-time Evening Relief Nurse
Miss Carr, who is a graduate - Assistant Director Nursing Service,
has been making observations on the Female Service of his interest in
Mrs. Shore's administration. - Part-time Evening Relief Nurse
Mr. Charles is a graduate - Observer. Miss Swift, a graduate

nurse who works from two-thirty to eleven on a part-time basis, came to see Miss Jones and the following conversation took place.

Miss Jones: "Hi, Pop."

Miss Swift: "Hi. I'd like to talk to you about the poor work being done on relief..."

Miss Jones, interrupting: "I've only some of the way things aren't being done on relief. It's getting on where the work nurses are complaining more than I and I've tried to find time to orient the students before they go on relief". Miss Carr, the assistant director, really hit the nail yesterday afternoon when I was talking to her about some relief for next Tuesday morning so I could orient the new students. She said, 'Closed

CAST OF CHARACTERS - CASE I

"RELINQUISH DUTY"

Head Nurse, Active Treatment Ward	-	Miss Jones
Part-time Evening Relief Nurse	-	Miss Swift
Assistant Director Nursing Service	-	Miss Carr
Female Service		
Part-time Evening Relief Nurse	-	Mrs. Shore
Observer	-	Mr. Charles

CASE I

"RELIEF DUTY"

Brattle Hospital is a small psychiatric institution in which Miss Jones is the Head Nurse on the treatment unit of the East Service. This ward has a capacity of eighteen women patients, four of whom are on Insulin therapy, three on Electro-therapy, and most of the other patients in active psychotherapy with the resident physicians.

Mr. Charles, who is a graduate student in a nearby university, has been making observations on this unit because of his interest in Nursing Service Administration.

On a Thursday morning in late April, Miss Swift, a graduate nurse who works from two-thirty to eleven on a part-time basis, came to see Miss Jones and the following conversation took place.

Miss Jones: "Hi, Peg."

Miss Swift: "Hi. I'd like to talk to you about the poor work being done on relief...."

Miss Jones, interrupting: "I'm well aware of the way things aren't being done on relief! It's getting so that the night nurses are complaining more than I am! I've tried to find time to orient the students before they go on relief. Miss Carr, the Assistant Director, really hit the ceiling yesterday afternoon when I was talking to her about some relief for next Tuesday morning so I could orient the new students. She said, 'Three

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orient the students before they go on relief. Miss Gory, the

Assistant Director, really hit the ceiling yesterday afternoon

when I was talking to her about some relief for next Tuesday

morning so I could orient the new students. She said, 'Three

grads on duty on relief tomorrow. How come?' You know that any help I get is appreciated!"

Miss Swift: "What can you do about it? Orient Mrs. Shore?"¹

Miss Jones: "I don't know...."

Miss Swift: "Look. As far as that goes, Mrs. Shore is very insecure...."

Miss Jones, interrupting: "Also very tactless! I've gone to Miss Carr about her! I feel sometimes we are prone to notice the

Miss Jones: faults rather than the good points of others, but when you

Miss Swift: go to Carr, she drags out this thing from the file and proceeds to tell you that Mrs. Shore is one of the best

Miss Jones: nurses we have, that she has lots of experience, and so forth!"

Miss Swift: "I know. I wouldn't have taken the time to come to see you if I weren't concerned. Is there any way to get at it? Perhaps through the students, by orienting them to ward procedures and safety precautions. She stays in the office a lot doing reports, but, she does it at the wrong time. She should be out on the floor with the students locking up and getting the ward ready for the night people.² When I go to lock up the patient's dressers, they look at me funny, as much as to say 'what's the matter with you, nobody else'

1. Mrs. Shore, another part-time graduate who divides relief duty with Miss Swift.
2. It is the policy of the hospital for the evening relief nurse to lock up the patient's effects, bureau drawers, closets, and any articles which may be used by the patients to inflict self injury.

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Miss Jones: "They should continue to check and do it."

Miss Swift: "That's what I'd do to help the students. I'd orient them to what the right procedure is for relief. Mrs. Shore complains to me a lot about the students because they don't lock up on their own."

Miss Jones: "That's her fault she doesn't check up on them!"

Miss Swift: "There's a new group of students coming Monday. She didn't know that and she should have known!"

Miss Jones: "I've tried to orient her tactfully several times by reminding her about the safety rules that have been set up. They're listed there on the desk and we have gone over them together, but, I know that she has countermanded them frequently. When I go to Miss Carr, the only answer I get is, 'you know how short of help we are, you should feel lucky having such a good nurse working for you.' I get no help from her!"

Miss Swift: "I don't mind her writing the reports. I can do the other things¹ without any trouble when we are on together."

Miss Jones: "The last thing that really upset me was her making a dress for her daughter while on duty. I get complaints from every direction about her; from the students, graduates, attendants,

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Miss Jones: and, the night people."

Miss Swift: "I'm not complaining, but I know you because I've worked with you on days and know you like good work."

Miss Jones: "I used to be a perfectionist but I can't be anymore. Complaints come from all the students and when I get enough information I can push it in her face and get somewhere. I like to iron things out with people, but when you approach her you always get the same answer, 'that wasn't me' or 'I didn't know about it'. Is there anything else you can think of?"

Miss Swift: "Nothing specific. If she doesn't feel good she lets me know early and over and over again. It's probably just her way of telling me that she won't be doing much that night. Perhaps you can start something by telling the students what the right procedure for relief is. Locking up the patient's effects was what bothered me."

Miss Jones: "There should be a consistent plan."

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Miss Jones: "Thanks for coming up. I can't see you any other way because we have to work straight time to keep the ward covered."

Miss Swift: "Can you make a list of things...."

Miss Jones: "Everything should be locked up except eyeglasses, and only those who have permission can keep theirs. I'm trying to keep the notices to a minimum. Most of those on the assignment board are about monthly notes."

Miss Swift: "I'll try to orient the students myself if I can."

Miss Jones: "I can't do it. There's no relief possible for me to do it. That's why Miss Carr blew up when I went to ask her for that morning relief. There's just no one available!"

Miss Swift: "I want to see things running right. Please don't think I'm a tattletale by coming to talk to you."

Miss Jones: "Oh, no, I don't. I want to know these things. If it is my fault, I want to know, and if not, I want to know whose it is."

About two weeks later, Mr. Charles learned from one of the doctors that his patient, Miss Kelly, who lived on this unit, had not been given her evening medication three nights in a row. "This," he said, "disturbed me a great deal, but I've been unable to see Miss Jones today for she is off duty, but, I'll talk to her tomorrow!"

The following Thursday, the observer asked Miss Jones what had occurred in relation to Miss Kelly and the omission of her medications. When this was broached, Miss Jones appeared very distraught and upset.

Miss Jones: "Thanks for coming up. I can't see you any other way because

we have to work straight time to keep the ward covered."

Miss Swift: "Can you make a list of things...."

Miss Jones: "Everything should be looked up except eyeglasses, and only

those who have permission can keep theirs. I'm trying to

keep the notices to a minimum. Most of those on the assign-

ment board are about monthly notices."

Miss Swift: "I'll try to orient the students myself if I can."

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for she is off duty, but I'll talk to her tomorrow!"

The following Thursday, the observer asked Miss Jones what had

occurred in relation to Miss Kelly and the omission of her medication.

When this was broached, Miss Jones appeared very distracted and upset.

She responded saying that 'Mrs. Shore had not given the medications and she didn't know what she could do about it outside of leaving her a personal note to be sure that the patient got her medication'. She continued that she had noted it on the Kardex, on the doctor's orders and on the calendar, and wondered what else she could do. She stated she planned to talk to Mrs. Shore when she came back on duty after her days off.

She responded saying that Mrs. Shore had not given the medication and she didn't know what she could do about it outside of leaving her a personal note to be sure that the patient got her medication. She confirmed that she had noted it on the ledger, on the doctor's orders and on the calendar, and wondered what else she could do. She stated she planned to talk to Mrs. Shore when she came back on duty after her days off.

CASE I

ANALYSIS

The learning that takes place through communication in this situation centers on Misses Jones' and Swift's mutual understanding of Mrs. Shore's behavior and the kind of work she performs, i.e., staying in the office, sewing on a dress, informing Miss Swift about her indispositions, and her laxity in supervising the students. These elements are thoroughly understood and Miss Jones and Miss Swift are satisfied with their knowledge that Mrs. Shore errs in these ways. Satisfaction is a basic prerequisite of the process of learning.

The element of reward, which is an important feature of the process of learning, is present in their exchange. The differences of status and role that Miss Jones and Miss Swift hold produces this feature. Miss Jones as the Head Nurse rewards Miss Swift's ego by supporting her views and enlarging upon them. Miss Swift, in turn, rewards Miss Jones in the same manner by supporting her views. Miss Swift's appeal to Miss Jones' position of authority is an ego strengthening experience for Miss Jones.

Further learning about the supervision takes place when Miss Jones states she has taken the problem to Miss Carr, who has rebuffed her. Miss Swift acknowledges this with her remark, "I know," signifying a sense of futility in trying to solve the problem at this level. She prefers to attempt a solution on the ward level by orienting the students. In this

CLASS I

ANALYSIS

The learning that takes place through communication in this situation centers on Misses Jones' and Swift's mutual understanding of Mrs. Jones's behavior and the kind of work she performs, i.e., staying in the office, sewing on a dress, informing Miss Swift about her indignations, and her laxity in supervising the students. These elements are thoroughly understood and Miss Jones and Miss Swift are satisfied with their knowledge that Mrs. Jones and in these ways. Satisfaction is a basic prerequisite of the process of learning.

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Further learning about the supervision takes place when Miss Jones states she has taken the problem to Miss Galt, who has rebuffed her. Miss Swift acknowledges this with her remark, "I know," signifying a sense of ability in trying to solve the problem at this level. She refers to attempt a solution on the next level by orienting the students. In this

manner, she endeavors to strengthen Miss Jones' will and confidence that she is able to bring about a solution to their difficulties.

Catharsis and reinforcement occur throughout the case. Both Misses Jones and Swift use this opportunity to ventilate their feelings about Mrs. Shore, and to a certain extent, Miss Carr. Catharsis is evident in Miss Swift's opening remark to Miss Jones, "I'd like to talk to you about the poor work being done on relief." Miss Jones' rejoinder, "I'm well aware of the way things aren't being done on relief," is an acceptance of the veracity of Miss Swift's statement and serves as a reinforcement of her ideas.

These remarks set the tone of the whole conversation which follows. Bit by bit they afford each other an opportunity to ventilate their feelings about their mutual problems, Mrs. Shore and Miss Carr who provides the supervision. Repeatedly they reinforce each others ideas as they search for a solution. Agreement is finally reached when they decide that the solution lies in orienting the students. The effect of the catharsis produces little change in behavior but serves to reinforce their opinions and behavior.

Pseudocommunications do not occur between Miss Jones and Miss Swift in their conversation. It is evident from the case that theirs is a full understanding about the situation although their thinking is relatively superficial and without depth.

A lack of understanding by Miss Carr is reflected when Miss Jones speaks of their conversations, in which Miss Carr either changed the topic or took an opposite view. Miss Jones is put on the defensive

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A lack of understanding by Miss Carr is reflected when Miss Jones speaks of their conversations, in which Miss Carr either changed the topic or took an opposite view. Miss Jones is put on the defensive

and understanding is halted by what she views as irrelevant remarks about Mrs. Shore's qualities as one of the best nurses we have.

Miss Jones' experiences with Mrs. Shore also indicate pseudo-communications. The latter's resort to the use of denial when criticised again throws Miss Jones into an adverse position. Because Mrs. Shore does not accept responsibility for her actions, she forces Miss Jones to counteract with frustration and anxiety. These produce tension and misunderstanding to occur between them heightening the intensity of the situation and producing strong attitudes.

The relationships of those in this case produce both negative and positive methods of communicating. Misses Jones and Swift have a feeling of unanimity in the futility of looking for help from Miss Carr. When Miss Carr is asked for assistance by Miss Jones so she can orient the new students, her response is "Three grads on duty on relief tomorrow. How come?" She disregards Miss Jones' request for relief to the point where her reply is irrelevant, blocking any exploration and mutual understanding of the problem. She loses sight of her role of guiding, directing and planning with Miss Jones in the solution of problems. Later in the case when Miss Carr is again appealed to for help with a personnel problem, she repeats her behavior, rejecting Miss Jones' comments, putting her on the defensive and reinforcing Miss Jones' evaluation of Miss Carr; "I get no help from her!"

The exchange between Miss Jones and Miss Swift is replete with frustration and anxieties although it is illustrative of mutual understanding and a sharing in the search for a solution to a difficult situation.

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The exchange between Miss Jones and Miss Swift is replete with frustration and anxiety although it is illustrative of mutual understanding and a sharing in the search for a solution to a difficult situation.

Miss Swift's question "What can you do about it?" Miss Jones' "I don't know....", "I've gone to Miss Carr about her!.... she drags out this thing from the file...." Miss Swift, "I know." Miss Jones, "I get no help from her!" "I can't do it. There's no relief possible for me to do it. (Orient the students) That's why Miss Carr blew up.... There's just no one available!" Miss Swift, "I want to see things running right."

The above comments indicate the understanding that exists between them, but also some appreciation of the staffing problems faced by Miss Carr. Their feeling is evident that, partially because of this problem, it is useless to go to Miss Carr and they must find an answer themselves, or more particularly Miss Jones must.

The discussion between Miss Jones and Miss Swift also is rife with superficiality and more especially Miss Jones' interpretation of Miss Carr's behavior and attitude. They can discuss Mrs. Shore's inadequacies quite easily but not their feelings about Miss Carr; these they communicate by implication and inference. Miss Carr's unresponsiveness in accepting her responsibility for leadership is summarized in Miss Jones' comment, "I get no help from her!"

The methods of communicating utilized show need for modification if understanding is to occur. Miss Carr's irrelevant remarks, her indicated superficial approach, and her rejections have produced tension and anxiety in her staff. The consequence being the creation of feelings of inadequacy and futility when their problems must be solved.

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and Miss Swift, who now can only view their problems in a shallow fashion; without grasping the need for planning, counseling and guidance of others. Negative communication as a consequence has developed between Miss Carr and Miss Jones who has learned that she gets no help from her.

"CLINIC"

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Mrs. Mann	- Assistant Director, School of Nursing
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CASE II

CAST OF CHARACTERS - CASE II

"CLINIC"

Mr. Smith - Head Nurse, Male Convalescent Ward

Mrs. Mann - Assistant Director,

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Mr. Hamilton - Supervisor and Clinical Instructor,

Male Service

Mrs. Thomas - Assistant Head Nurse

Mr. Smith has been a Head Nurse on the Male Convalescent ward in Brattle Hospital for the past years. The eighteen patients on his floor are diverse in diagnosis, including Psychoneurosis, Psychosis and Senility. Their ages range from the early thirties to the late sixties. Female patients also live on this ward for the diagnostic value which the physicians feel is gained from association with the opposite sex. There are usually four students assigned to this ward: two affiliating students and two Brattle Hospital Junior students. The rotation of the affiliating and basic students is staggered. Their educational program is somewhat different due to their year in the school. Mr. Smith said that because of the scarcity of help and the students' educational differences, he cannot include all the students at one time in his clinics, thus, he divides them into two groups; those for the affiliates and those for their basic junior students.

Recently, it was reported that the junior students assigned to his ward complained to the Assistant Director of the School, Mrs. Mann, that Mr. Smith was discriminating against them by not including them in the clinics with the affiliates, and that he wasn't giving them any clinical instruction.

On Monday morning of the last week in April, following her receipt of the student's complaint, Mrs. Mann came to the ward about

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On Monday morning of the last week in April, following her receipt of the student's complaint, Mrs. Mann came to the ward about

eight o'clock accompanied by Mr. Hamilton, Supervisor and Clinical Instructor on the Male Service. When they arrived, Mr. Smith was giving a clinic, to the one affiliate student on duty, in the card room.

Mrs. Mann, without preamble to the student: "You'll have to leave now,

I have some business to discuss with Mr. Smith."

"The students complained to me about your being partial to the affiliates and here I find you with one affiliate and the juniors out on the ward. You know the juniors are students too, and you owe it to them to include them in the clinics, if only because they're our own students."

Mr. Smith: "You know this is the affiliates last week here on the ward.

Mrs. Thomas, my Assistant, is on vacation and I'm behind on their clinics. I'm trying to catch up to give them all I usually cover in the course of a month."

Mrs. Mann: "There's no reason to give them individually. You should give them together for they can help each other to understand the material."

Mr. Smith: "If I give them together early in the morning, I wouldn't have anyone on the ward. I don't feel I can leave an attendant alone on the ward at this time."

Mrs. Mann: "The other wards are able to give them in the morning and there's no reason why you can't do it on a ward like this."

Mr. Smith: "I still don't think I can because there are medicines to give, patients to get up, and patients who need support early in the morning."

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Mrs. Mann: "If you didn't waste so much time running around and at the canteen, you'd have time to give clinics."

Mr. Smith, apparently upset: "I don't go there more than twice a month at the most and probably less than anyone else in the hospital. It doesn't seem logical that after two years of teaching without complaints that you'd barge in and make these complaints in this manner. We don't get any recognition or praise anyway for what we do and I feel that I could stand some help on how to give clinics so that I can do a better job."

Mrs. Mann: "I know, Joe, that you are capable to doing a good job. The students have all liked your clinics in the past. You have done a good job, Joe. You have a lot of ability and good judgement. Keep up the good work."

"One other thing, I wish you'd get on the ball with your ward reports. They are coming in late, long after the student leaves the ward. If they're to be helpful they should be given before the student leaves the ward."

Mr. Smith: "Yes, I know I am lax, but I'll try to do better. When I fall down will you remind me?"

Mrs. Mann, smiling: "All right. Don't worry, we'll remind you."

Mr. Hamilton: "Perhaps I'm partly to blame for this because I can't get around enough to check on them."

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As they walked to the door, Mrs. Mann shifted the conversation to questions about his patients.

As they left the ward about nine o'clock, Mrs. Thomas¹ came on duty. She was just returning from her vacation.

Mr. Smith: "Come in. I'm mad. I'd like to tell you what just happened. Mrs. Mann just bawled me out. She told me the students complained about the way I was giving the clinics, I was discriminating against them. Since she also accused me of wasting time in the canteen, I'm going down and waste some..... Here, I'd better give you a report on the patients before I go."

Mrs. Thomas: "This whole thing doesn't sound right and I don't know why juniors should complain." She picked up the student's folders. "They haven't even recorded the clinics you've given, except this one student."

Mr. Smith: "That's right. You know, I think I'll keep a record myself of everything I give the students, formal and informal, and she can check it against what the students say they get. I guess I'll go waste some of the time she says I do."

Later that morning, Mr. Smith met Mr. Hamilton.

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Mr. Smith: "You know, I didn't like that business this morning at all. Mrs. Mann should have called me either to your office or here

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without coming to the ward. It's the same old story, when you do things right, you never hear anything, but when something goes wrong they jump all over you. I still don't think I can give the clinics jointly because of the difference in the students."

Mr. Hamilton: "I know how you feel. I didn't like it either. I agree with you, that you can give better clinics to them separately."

Understanding of facts, in a problem or situation, is a primary requisite in the process of learning. The hostile feelings displayed impedes the development of a relationship between both parties, a necessary attribute in the solution of the problem.

Mr. Smith receives some ego gratification when his hostility is successful, causing Mrs. Mann to verbally retreat to praise for his past work. He learns that to attack is rewarding, for in this situation it reduces tension and anxiety, subsequently producing change in the behavior of others and himself.

This change of behavior sets the stage for the next development, catharsis and reinforcement. Mr. Smith is able to admit his shortcomings and to ask for aid from his superiors.

The initial cause that produces this situation has been lost, and Mr. Smith's ventilation of his laxity for student reports becomes the major issue. This is glossed over and when Mrs. Thomas arrives, he continues to be upset and frustrated by this experience, with the result

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CASE II

ANALYSIS

In Case II, the learning that takes place for Mr. Smith occurs on an emotional level. First, he is openly attacked by Mrs. Mann, which forces him to quickly raise his defenses and in turn to become aggressive. The bi-partisan display of hostility immediately thwarts any understanding of the problem by either party.

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that he is going to continue his present behavior and enlarge upon it by going to the Coffee Shop.

The benefits of catharsis are lost to him, and the emotional tones of the situation serve to reinforce his ideas and feelings relative to a loss of recognition or reward for his efforts.

Mr. Smith's exchange with Mr. Hamilton at the close of the case serves as further reinforcement for the impropriety of the situation. Mr. Hamilton reinforces his ideas that clinics can be given better to the students individually.

Pseudocommunication exists between Smith and Mann throughout their colloquy. They are forced far apart in an understanding of the problem by the emotional tones of their conversation. Mrs. Mann's expressed opinion that he will do better is shown to have little foundation in fact. Mr. Smith's behavior, subsequently, destroys her belief. His assurance that his way of giving clinics is best is never shaken but is reinforced by both Mrs. Thomas and Mr. Hamilton.

As a result, Mrs. Mann's and Mr. Smith's conceptions of the problem never approach singleness of mind. They remain poles apart in their thinking and understanding about the issue.

The initial method of communicating utilized in this situation is an uncalculating approach which yields a quick rise to defensiveness and aggression on the part of Mr. Smith. The end result is a loss of understanding and opportunity for self correction during the exchange, which is characterized by accusations; "The students complained to me about your being partial....", "If you didn't waste so much time running

that he is going to continue his present behavior and enlarge upon it by going to the Coffee Shop.

The benefits of catharsis are lost to him, and the emotional tones of the situation serve to reinforce his ideas and feelings relative to a loss of recognition or reward for his efforts.

Mr. Smith's exchange with Mr. Hamilton at the close of the case serves as further reinforcement for the impropriety of the situation. Mr. Hamilton reinforces his ideas that clinics can be given better to the students individually.

Pseudocommunication exists between Smith and Mann throughout their colloquy. They are forced far apart in an understanding of the problem by the emotional tones of their conversation. Mrs. Mann's expressed opinion that he will do better is shown to have little foundation in fact. Mr. Smith's behavior, subsequently, destroys her belief. His assurance that his way of giving clinics is best is never shaken but is reinforced by both Mrs. Thomas and Mr. Hamilton.

As a result, Mrs. Mann's and Mr. Smith's conceptions of the problem never approach singleness of mind. They remain poles apart in their thinking and understanding about the issue.

The initial method of communicating utilized in this situation is an uncooperating approach which yields a quick rise to defensiveness and aggression on the part of Mr. Smith. The end result is a loss of understanding and opportunity for self correction during the exchange, which is characterized by accusations: "The students complained to me about your being partial....", "If you didn't waste so much time running

around", and Mr. Smith's defense "You know this is the affiliates last week", "I still don't think I can" and "I don't go there more than twice a month."

Mr. Smith's aggressive response causes Mrs. Mann to retreat and shift the conversation to another area, student ward reports. Verbally, Smith can accept her criticism on this subject for it is an objective matter and does not involve his personal beliefs and values. It is a mechanical procedure which is one of his monthly duties.

Mrs. Mann's headlong approach abandons her functions as a supervisory person for developing a situation where counseling and problem solving can occur. Her oversight for making an appointment or calling Mr. Smith to her office is indicative of no planning for the discussion. Rapport between them is abrogated by her hasty approach which results in accusation and counter accusation. "You know the juniors are students too", "You should give them together" and "If you didn't waste so much time" and his "I still don't think I can" and "You know this is the affiliates last week."

Mrs. Mann's resort to the issue of ward reports produces one result, a stimulating of a sense of dependency in Mr. Smith rather than independence. He requests both Mrs. Mann and Mr. Hamilton to remind him when he is lax.

Superficialness is evident throughout the case, neither problems of methodology for the clinics or the purpose and value of ward reports are explored. The discussion is maintained on an emotional level with the result that Mr. Smith is angered and frustrated by his experience; which

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he evidences to Mrs. Thomas, his Assistant, with his greeting, "Come in. I'm mad."

The individual's needs for recognition, sense of achievement and security are completely overlooked by Mrs. Mann, whose behavior indicates rejection and dominance versus attitudes of interest and acceptance.

At the conclusion of the case, Mr. Hamilton's response "I know how you feel. I didn't like it either" reinforces Mr. Smith's thinking about the impropriety of his encounter with Mrs. Mann earlier in the morning. The schism, produced as a result of his conversation with Mrs. Mann, is augmented by Mr. Hamilton who concurs in Mr. Smith's thinking. "I agree with you...." This schism also involves Mr. Hamilton and Mrs. Mann as well as the latter and Mr. Smith. The solidarity and unity of the supervisors is divided and weakened by her forceful approach. As a result Mr. Hamilton cannot support or agree with Mrs. Mann but chooses to align himself with Mr. Smith.

Modification of Mrs. Mann's communication methods is indicated. Her direct forceful manner produces anxiety, frustration, aggression, disharmony and the loss of an opportunity to examine the problem of clinics in an objective unemotional fashion. Understanding or agreement does not occur either between Mrs. Mann, Mr. Smith or Mr. Hamilton.

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"I'm not."

The individuals' needs for recognition, sense of achievement and security are completely overlooked by Mrs. Mann, whose behavior indicates rejection and dominance versus attitudes of interest and acceptance.

At the conclusion of the case, Mr. Hamilton's response "I know how you feel. I didn't like it either" reinforces Mr. Smith's thinking about the propriety of his encounter with Mr. Mann earlier in the morning. The schism, produced as a result of his conversation with Mrs. Mann, is suggested by Mr. Hamilton who concurs in Mr. Smith's thinking. "I agree with you...." This schism also involves Mr. Hamilton and Mrs. Mann as well as the father and Mr. Smith. The solidarity and unity of the superego is divided and weakened by her forceful approach. As a result Mr. Hamilton cannot support or agree with Mrs. Mann but chooses to align himself with Mr. Smith.

Rejection of Mrs. Mann's communication methods as indicated by her almost forceful manner produces anxiety, frustration, aggression, hostility and the loss of an opportunity to examine the problem of clinical in an objective emotional fashion. Understanding or agreement does not occur either between Mr. Mann, Mr. Smith or Mr. Hamilton.

EFFICIENCY BRAND
PAC CONTENT

CASE III

CAST OF CHARACTERS - CASE III

"DISCIPLINE"

One Thursday morning in early May, Dr. Potts, Chief of the Male Service, was engaged in conversation with Mr. Smith, the Head Nurse on the Male Convalescent ward at Brattle Hospital. During their talk, Dr. Potts told Mr. Smith of the woman patient who had been discharged, and would not return. Mr. Smith had told her doctor that she was an attendant, and had made some remarks to him. Mr. Smith was being discharged that day. Mr. Smith pressed for details. Mr. Hamilton and at the time of the discharge, he went to question Mr. Buckley, the Assistant Director of Nursing Service of the Hospital. Mr. North - Attendant
Mr. East - Attendant
Mr. Charles - Observer

Mr. Buckley: "Dr. Potts told me this morning at conference to let him go because he did not want him at the hospital at all because of his indiscretions to the patients. I've already asked the business office to draw his terminal check."

Mr. Smith: "Have you talked to him? I don't think he knows anything about it. It doesn't seem fair to me but rather unjust to merely accept a patient's word, especially if it is the patient's word."

1. Mr. North, Attendant who is a retired Postal employee.

CAST OF CHARACTERS - CASE III

"DISCIPLINE"

Mr. Smith	- Head Nurse, Male Convalescent Ward
Dr. Potts	- Chief of the Male Service
Mr. Buckley	- Assistant Director, Nursing Service, Male Service
Mr. Hamilton	- Supervisor and Clinical Instructor, Male Service
Mr. North	- Attendant
Mr. East	- Attendant
Mr. Charles	- Observer

CASE III

"DISCIPLINE"

One Thursday morning in early May, Dr. Potts, Chief of the Male Service, was engaged in conversation with Mr. Smith, the Head Nurse on the Male Convalescent ward at Brattle Hospital. During their talk, Dr. Potts related that one of the women patients living on this ward, whom he would not identify, had told her doctor that Mr. North,¹ the attendant, had made some indiscrete remarks to her. He added that Mr. North, because of this, was being discharged that day. When Mr. Smith pressed for details he was unsuccessful and at the close of their conversation, he went to question Mr. Buckley, the Assistant Director of Nursing Service of the Male Service.

Mr. Smith: "What do you know about Mr. North's being fired? Dr. Potts said he was to be discharged today."

Mr. Buckley: "Dr. Potts told me this morning at conference to let him go because he did not want him at the hospital at all because of his indiscretions to the patients. I've already asked the business office to draw his terminal check."

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I think. She's really quite sick!" to do with her at all

Mr. Buckley: "No, I haven't seen North. I'm waiting for Mr. Hamilton¹
to come back and he can handle it."

Mr. Smith told Mr. Charles, the observer, that he felt Buckley was unconcerned and took the whole thing quite nonchalantly. Later, Mr. Smith sought out Mr. Hamilton before he had talked to Buckley.

Mr. Smith: "Did you hear about Mr. North's being fired?"

Mr. Hamilton: "No, why, what's the matter?" I wanted to ask you a

Mr. Smith: "Dr. Potts told Buckley he wanted him fired because he had been indiscrete with Mrs. Tole, but I think she must have had some ideas of reference or something because he's never said anything out of the way to anyone on the ward that I know of."

Mr. Hamilton: "Well, let me talk to the attendants." He telephoned the ward and asked Mr. North to come to the office.

"Hello there. Mr. Smith was telling me that you had been reported by one of the patients to the doctor because you had made some improper remarks to her yesterday. What can you tell me about it?"

Mr. North: "I don't understand. What do you mean? The only thing I can think of is that Mr. East and I were in the parlor alone talking and Mrs. Tole walked through. She could have overheard something that we said. That's the only thing that I

1. Mr. Hamilton, Supervisor and Clinical Instructor on the Male Service, who had previously conferred with Mr. North about his work.

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who had previously conferred with Mr. North about his work.

let things know of, for I haven't had anything to do with her at all!

You can ask Mr. East about it if you want."

Mr. Hamilton: "Well, perhaps I'd better and after I talk to him let me see what I can do."

Mr. Hamilton telephoned for Mr. East to come down to the office. The attendants passed in the hall so had no opportunity to check their stories.

Mr. Hamilton: "Hello, Mr. East, have a seat. I wanted to ask you a question. It has been reported that Mr. North made some rather indiscrete remarks to Mrs. Tole while you two were in the parlor yesterday morning. What can you tell me about it?"

Mr. East, confirmed Mr. North's remarks and added: "We were alone and neither of us said anything to her at all!"

Mr. Hamilton: "Good. Thank you. That's all I wanted to know. I guess that'll be all for now. Thanks again."

Mr. Hamilton and Mr. Smith went to Mr. Buckley and told him what they had learned from the attendants about the situation. Again Mr. Smith said that Mr. Buckley did not appear overly concerned about Mr. North's predicament whereupon he asked and gained permission from the supervisors to see Dr. Potts. He related to him the information elicited from the attendants by Mr. Hamilton. The doctor listened attentively to him without interrupting before he finished. Dr. Potts then said that in the light of this information, Mr. North need not be discharged but to

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Case III
About four o'clock the same day, Mr. Hamilton stopped outside Dr. Potts' office and the matter was briefly discussed. At the conclusion of the meeting, Mr. Hamilton told him that they, the supervisors, had decided that for the best interest of all concerned, Mr. North would be transferred shortly to another ward.

The learning that occurs for Mr. Smith in Case III develops out of a frustration of his desire to gather information and to see that his attendant was given a fair hearing. He receives little satisfaction from Dr. Potts, who withholds information, and from Mr. Buckley, who seems unconcerned about Mr. North's fate. The attitudes these people have thwarted Mr. Smith's ideas of fair play. "I've already asked the business office to draw his terminal check" and "No, I haven't seen North" characterize Buckley's unconcern for Mr. Smith. He learns that it is useless to talk to them further. He sought out Mr. Hamilton who helped satisfy his motives by investigating the situation and dealing with Mr. North fairly.

The learning for him centers about attitudes. He learns that indifference is frustrating, producing anxiety, and an attitude of interest can lead to understanding, agreement, and insight in the solution of a problem.

Mr. Hamilton's interestedness rewards Smith's motivations for fair play, thus aiding in the development of a relationship favorable to the procuring of a solution to Mr. North's dilemma. His interest is shown by his comment, "let me talk to the attendants" and "let me see what I can do." Mr. Smith is given small opportunity to ventilate his feelings. He is rebuffed by Mr. Buckley's attitude of unconcern and the knowledge that the decision has already been made to fire Mr. North by

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his superiors. Mr. Hamilton also gives him little chance to do more than ask if he knew North was to be fired, forcing him to keep his emotions contained within himself.

The rejection of his ideas by Mr. Buckley serves to reinforce his thoughts that it is unjust to discharge this man without further information. Mr. Hamilton's support reinforces his concept of fair play by proceeding to interrogate the attendants, thus leading to agreement between them and to Smith's being able to seek out Dr. Potts, getting him to reverse his decision.

Mr. Buckley's and Dr. Potts' attitudes, of unconcern and secretiveness, set the tone for pseudocommunications to exist between them and Mr. Smith. Their attitudes, signified by their verbal expression, to Mr. Smith are unrelated to the necessity of gathering added data, causing a loss of understanding between them.

The expression of attitudes are intense in the sense that once the decision has been made it will be carried out. Mr. Smith's tenacity in pursuing for an equitable decision reveals a different form of intensity, in comparison to hostile expression. He is highly motivated and is persistent in his efforts to save Mr. North. He sought out Mr. Buckley and Mr. Hamilton from whom he received inaction and action respectively. Finally, after the attendants had been interviewed, he again took the initiative and got permission to see the doctor.

The methods of communication in this situation are characterized by brevity and unconcern. Mr. Smith is rebuffed by Dr. Potts who withholds information, and by Mr. Buckley who does not discuss the matter

his superiors. Mr. Hamilton also gives him little chance to do more than ask if he knew North was to be fired, forcing him to keep his emotions contained within himself.

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The methods of communication in this situation are characterized by brevity and unconcern. Mr. Smith is rebuffed by Dr. Potts who withholds information, and by Mr. Buckley who does not discuss the matter

beyond saying Mr. North's check is being drawn and that Mr. Hamilton will handle the matter.

The inference prevails that final action and decision have been made so there is no purpose in further discussion. Mr. Smith reacts to his frustration by seeking out Mr. Hamilton and appealing to him. Mr. Hamilton responds to Mr. Smith by calling the attendants in to question them.

The problem solving methods of Mr. Buckley and Mr. Hamilton differ considerably. Mr. Buckley accepts the doctors ultimatum without question. Mr. Hamilton goes beyond this to talk to the attendants to obtain their side of the story which comes in the form of a denial of the accusation. The administrative action stopped here for Mr. Hamilton, who consented along with Mr. Buckley, for Mr. Smith to go to the doctor with the added information.

The unconcern, the inaction and limited action on the part of Messers Buckley and Hamilton, as methods of communication, effectively block any probing into the problem. As a result, the process of problem solving is desecrated to one extent or another.

An attitude of interest is not evident in the exchanges between Mr. Smith and Mr. Buckley and only a slight degree more so between him and Mr. Hamilton. The predicament of Mr. North is accepted calmly by all except Mr. Smith. The conversations he has with the others are superficial and not aimed at giving him greater understanding of the situation.

This superficial approach is aligned with autocratic administration in that the person receiving the order is expected to comply without

beyond saying Mr. North's check is being drawn and that Mr. Hamilton will

handle the matter. The inference prevails that final action and decision have been

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discussion, which in effect makes for dependent relations instead of growth.

When expected actions are not forthcoming from those in the upper echelons, frustration and anxiety result. There are produced feelings of futility and insecurity when problems arise that must be taken to higher authority. Mr. Smith reacts in this pattern as he asked and gained permission from the supervisors to see Dr. Potts to complete the administrative action.

The guidance and counseling process is defeated in this situation by the approach taken by the supervisors.

Mr. Smith, whose sense of fair play is injured, is thwarted by the brevity of Mr. Buckley's remark "No, I haven't seen North. I'm waiting for Mr. Hamilton to come back and he can handle it." The opportunity for discussion of methods of handling personnel problems is lost in this conversation. Mr. Hamilton's actions also are terse yet they are aimed at gathering additional data in order that intercession may be effected in this arbitrary action.

The methods of communication utilized, disinterest, shortness, action and inaction and finality in this situation illustrate a need for modification. Mr. Smith sustains little satisfaction from his experience. The attitudes of unconcern and finality produce, in Mr. Smith, unrest and a lack of confidence that Mr. North will be treated fairly. He is forced to follow up and pressure the supervisors to investigate the situation.

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CASE IV

CAST OF CHARACTERS - CASE IV

"SUPPLIES"

Mr. Horn, the Head Nurse, Acute Service at Grady

Hospital, encountered Mr. Charles in the canteen and started a conversation. During the conversation he mentioned that he had had some difficulty getting a pair of defective

Mr. Horn - Head Nurse, Acute Service

the past few days, had been a source of trouble. He said, "Whenever heavy objects, like the syringe boats, were

Mr. Day - Supervisor, Male Service

lifted out of the sterilizer allowing them to fall and become contaminated.

The sterilizing procedure had to be repeated, consuming nearly an hour

instead of twenty minutes. He related that the last time this happened

he decided to send them to the office to be repaired, so, to have a

new pair bought. He sent the pair to the office and the office

sent them back with the original pair and a replacement of the original

pair.

Mr. Day returned shortly after the office had bought a pair of

syringe boats without incident. He took them to the office and put

them on the desk where he was sitting.

Later in the afternoon, he asked the student to sterilize the

pair and prepare them for use, saying to her, "These are the syringe

and need sterilizing."

Mr. Day interrupted, saying: "There are not new syringe but the ones

ones I took over to the office this morning. They're just

unrepaired."

CAST OF CHARACTERS - CASE IV

"SUPPLIES"

Mr. Horn	- Head Nurse, Acute Service
Mr. Day	- Supervisor, Male Service
Mr. Dow	- Attendant

CASE IV

"SUPPLIES"

Mr. Horn, the Head Nurse on the Acute Service at Brattle Hospital, encountered Mr. Charles in the canteen and started a conversation. During the conversation he mentioned that he had had some difficulty getting a pair of defective transfer forceps repaired. This, for the past few weeks, had been a source of annoyance to him. The forceps, he said, twisted whenever heavy objects, such as the syringe boats, were lifted out of the sterilizer allowing them to fall and become contaminated. The sterilizing procedure had to be repeated, consuming nearly an hour instead of twenty minutes. He related that the last time this happened he decided to send them in to the office to be repaired, or, to have a new pair issued. He sent Mr. Dow, an attendant, to the office at 9:30 Monday morning with the crossed forceps and a requisition to accomplish this.

Mr. Dow returned shortly from the office and handed a pair of forceps to Mr. Horn without comment. Mr. Horn said he took them and put them on the desk where he was working.

Later in the afternoon, he asked the student to sterilize the forceps and prepare them for use, saying to her, "These are new forceps and need sterilizing."

Mr. Dow, interrupted, saying: "Those are not new forceps but the same ones I took over to the office this morning. They're just uncrossed."

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Later in the afternoon, he asked the attendant to sterilize the forceps and prepare them for use, saying to her, "These are new forceps and need sterilizing."

Mr. Dow, interrupted, saying: "These are not new forceps but the same ones I took over to the office this morning. They're just uncrossed."

Mr. Horn, angrily: "What the h--- do you have to do to get something around here?" Whereupon he telephoned Mr. Day, the Supervisor, and asked him why he sent the forceps back.

Mr. Day: "I sent them back because the only thing the matter with them was that they were crossed. There is no reason why they cannot still be used."

Mr. Horn: "That's not right. They can't pick up anything heavy. If I thought that that was the only thing wrong I could have uncrossed them myself. If I don't get a new pair of forceps, I'll throw these out and use the small sponge forceps instead."

Mr. Day: "The other wards have the same kind of forceps. You bring them up and we'll see what we can do.... The pharmacy is closed this afternoon and we can't do anything about it today, so hold onto them for a while until we can straighten it out."

The following morning, Mr. Horn took the forceps to the office to explain what was the matter with them.

Mr. Horn: "The fact that the forceps were twisted isn't what is wrong with them. The rivet is loose and they won't pick up anything heavier than a syringe without crossing, making you drop heavy items and contaminating them."

Mr. Day: "Well, the other wards are in the same kind of a predicament. They have the same type of forceps."

Mr. Horn: "That can't be so, because if they did, they would have turned them in. I know, because I've worked in the other wards."

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them in. I know, because I've worked in the other wards."

Mr. Day, shrugged his shoulders and said: "Well, send the requisition and forceps in again and we'll send them to be repaired, if possible."

With this, Mr. Horn turned on his heel and left the office, taking the forceps with him. When he returned to the unit, he put them in his desk drawer where they stayed for seven days.

On Tuesday of the following week, Mr. Horn took the forceps back to the office with a requisition for repair or replacement. Mr. Day signed the requisition and said, "Take them to the machine shop and they will fix them. Probably the only thing wrong with them is that the rivet is loose."

Mr. Lay, shrugged his shoulders and said: "Well, send the regulation

and forgers in again and we'll send them to be repaired, if

possible."

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taking the forgers with him. When he returned to the unit, he put them

in his desk drawer where they stayed for seven days.

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is loose."

CASE IV

ANALYSIS

In this case, the learning that takes place is in a negative form. Satisfaction does not occur and agreement of what is wrong with the forceps takes over a week to develop. Strong attitudes develop quickly in the incident as Mr. Horn's "What the h--- do you have to do to get something," and Mr. Day's "There is no reason why they cannot still be used." Because the feelings are high, understanding is blocked and insight does not develop on the part of either Mr. Day or Mr. Horn.

Reward for his motivation to repair or replace a faulty piece of equipment occurs after much frustration, tension and anxiety has evolved. The reward comes when Mr. Day repeats Mr. Horn's diagnosis of the defect in the forceps, "Probably the only thing wrong with them is the rivet is loose." The yielding by Mr. Day at this point comes much too late to help mitigate the attitudes which have been aroused and the loss of the opportunities for correction and understanding.

The Catharsis which happens is superficial and is limited to emotion evoking stimuli, rejection and hostility. Mr. Day's "I sent them back," "There is no reason they cannot be used" and "You bring them up and we'll see what we can do," are illustrative of his rejection of Mr. Horn's thinking and his condescension to him; all of which effectively blocks any ventilation upon the issue.

These same comments also serve to reinforce Mr. Horn's scepticism and aggressiveness. Rejection of Mr. Horn's belief that the forceps

CASE IV

ANALYSIS

In this case, the following facts place us in a position to see that satisfaction does not occur and agreement of what is wrong with the forceps takes over a week to develop. Strong attitudes develop quickly in the incident as Mr. Horn's "What the hell do you have to do to get some- thing," and Mr. Day's "There is no reason why they cannot still be used." Because the feelings are high, understanding is blocked and people are not capable on the part of either Mr. Day or Mr. Horn.

News for his satisfaction to repair or replace a broken piece of equipment occurs after much frustration, tension and anxiety has evolved. The reward comes when Mr. Day repeats Mr. Horn's diagnosis of the defect in the forceps, "Probably the only thing wrong with them is the rivet is loose." The reward by Mr. Day at this point comes and the fact is that the attitudes which have been aroused and the loss of the opportunity for correction and understanding.

The catharsis which happens is superficial and is limited to emotion evoked at first, rejection and hostility. Mr. Day's "I sent you back, there is no reason they cannot be used" and "Don't bring them up and we'll see what we can do," are illustrative of his rejection of Mr. Horn's thinking and his consideration to him of what is really blocking any resolution upon the issue.

There seems to be a need to reinforce Mr. Horn's acceptance and agreement. Rejection of Mr. Horn's belief that the forceps

need attention also strengthens his thinking on this subject. The opportunity for explanation is never really afforded because the emotional tones of the conversation are too high.

Pseudocommunication happens throughout the conversation. To Mr. Horn, Mr. Day's actions and comments appear irrelevant, inasmuch as the expressed attitudes are intense, and his judgement is being questioned. "The other wards have the same type of forcep" and "The other wards are in the same kind of predicament" are illustrative of the above statement. Consequently the intensity of action and reaction to the statements made effectively blocks any independent or mutual understanding about the problem.

The methods of communicating in this case are illustrated by Mr. Day's summary treatment of Mr. Horn's judgement about the condition of the forceps. The consequence was a strong reaction in Mr. Day. "What the h--- do you have to do to get something around here?"

This immediate emotional reaction placed subsequent contacts at this level so that argument, contradiction and misunderstanding are constant throughout their exchanges.

Mr. Horn, "That's not right. They can't pick up anything heavy." Mr. Day, "The other wards have the same kind of forceps." "You bring them up...", "We can't do anything about it today, so hold onto them for a while" and "Well, the other wards are in the same kind of a predicament" illustrate the above comment.

The omission of consultation by Mr. Day with Mr. Horn resulted in a blocking of mutual understanding of Mr. Horn's difficulty. Oppor-

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The omission of consultation by Mr. Day with Mr. Horn resulted

in a blocking of mutual understanding of Mr. Horn's difficulty. Oppor-

tunity for teaching was lost as was the establishment of rapport and a positive working relationship. The sureness of Mr. Day's attitude that he is right, "There is no reason why they cannot still be used," to some extent produced the above effect.

Mr. Day's indifference, "Well, send the requisition and forceps in again and we'll send them to be repaired, if possible" contributed to an effective blocking of a solution to the problem. Mr. Day negates his responsibility for getting at the true facts about the problem of the forceps, whether they are adequate for their intended function or whether the quality of the forceps is poor.

The role of the supervisor to provide leadership was reduced by his positive convictions and his apathy for Mr. Horn's opinion. His indifference fostered feelings of inadequacy and futility in Mr. Horn so that he put the forceps away in his desk for a week before attempting again to have them repaired. The net effect was that Mr. Horn was unwilling to look for help or guidance during this period to get the problem settled.

It is evident that the ways of communicating employed by Mr. Day show need for modification. His apathy, indifference, and hasty judgements have obstructed their conversations. Their exchanges were maintained on an emotional plane that precluded examination of the problem as seen by Mr. Horn who presented it. "That's not right. They can't pick up anything heavy." "That can't be so, because if they did, they would have turned them in. I know, because I've worked in the other wards."

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Mr. Day's attitude of definiteness, similar to paternalism, is reflected by Mr. Horn. Their positive views, and each one's certainty of being correct, stymies effectively a modification of opinion on the part of either, so that adjustments and self-correction is not possible. The net result is a loss of understanding or agreement between them about the problem.

Mr. Low	- Head Nurse, Chronic Semi-disturbed Unit
Miss Dunn	- Supervisor and Clinical Instructor, Female Service
Mr. Vale	- Male Student Nurse
Miss May	- Affiliating Student
Miss Gamble	- Affiliating Student
Miss Tilton	- Director of Nurses
Miss Carr	- Assistant Director, Nursing Service, Female Service

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CAST OF CHARACTERS - CASE V

"STUDENT ASSOCIATION"

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CASE V

"STUDENT ASSOCIATION"

Mr. Low, a recent graduate, is now the Head Nurse on the Female Chronic Semi-disturbed Unit, a twenty bed ward. He was appointed to the Recreation Committee of the Student Nurse's Association prior to graduating in February of the past year. Since his graduation, he has continued to take a lively interest in the activities of the Association, although no longer a member of the Association.

In the course of the work of the committee, a contract with a private concern was made in early April for the installing of an asphalt floor in a basement room of the Nurse's home, given to the Association for a rumpus room.

Mr. Low, while still active on the committee, agreed with the other members to provide the contractor with assistance in the laying of the floor. Subsequently, this part of the agreement was forgotten and no arrangements were made to have this help available.

About the first of May, the contractor was notified to proceed with the work the following Sunday. He began his work about ten o'clock in the morning, but first contacted Mr. Low, who was on duty at the time, for the promised help. Mr. Low informed him that there was no one available but that he could come if he needed him. The workman replied that he did need some help.

Mr. Low checked his coverage on the ward and believed it adequate and assigned an affiliating student, Miss May, to be in charge of the ward.

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Mr. Low checked his coverage on the ward and believed it adequate and assigned an affiliating student, Miss May, to be in charge of the ward.

He informed her that he was going to help the contractor, adding that he would probably be until noontime. He instructed her to tell the Supervisor where he would be, should she call, and if she, Miss May, needed him, not to hesitate to call. He also arranged to have Mr. Vale, a male student nurse, stay on duty until noon when he would be back. He left the ward at ten-thirty. The work on the floor progressed rapidly and in an hour he called the unit to find out if everything was all right.

The work on the floor took longer than he expected and it was twelve-thirty before he was ready to go back to the unit. As he was preparing to return to the ward, Miss Dunn, the Supervisor, came out of the diningroom and saw Mr. Low in the hall.

Miss Dunn: "Well, Mr. Low, what are you doing here?"

Mr. Low: "I'm helping to install the floor in the rumpus room."

Miss Dunn: "Who's on the ward?"

Mr. Low: "Two students and two attendants. The ward is well covered."

Miss Dunn: "Yes, but I called up a while ago and had one of the attendants go to another ward. I'm going to run this Service from the front office and you can't do things like this without letting someone know! Suppose something happened? We wouldn't have a leg to stand on!"

Mr. Low: "I told the student to tell you where I was in case you wanted to know."

Miss Dunn: "That's not the point. You didn't tell me that you were going off the ward."

Mr. Low: "I agree with you that it was my mistake in not telling you

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Miss Dunn: "Well, Mr. Low, what are you doing here?"

Mr. Low: "I'm helping to install the floor in the trumpet room."

Miss Dunn: "Who's on the ward?"

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to know."

Miss Dunn: "That's not the point. You didn't tell me that you were going

off the ward."

Mr. Low: "I agree with you that it was my mistake in not telling you

what I was going to do, but, I arranged to have Mr. Vale stay on until I got back."

Miss Dunn: "Well, you'd better get back to the ward right now!"

Mr. Low: "I will."

Mr. Low left the rumpus room immediately and when he arrived on the ward he met Mr. Vale who by now had missed his lunch.

Mr. Low: "I'm sorry you missed lunch, but I'll buy it for you at the canteen to make up for it."

Mr. Vale: "No thanks. That's all right. Your helping to fix up the room benefits both me and my class. Just forget it."

Mr. Low then spoke to another student, Miss Gamble, who had reported on duty at eleven after Mr. Low had left the ward.

Miss Gamble: "Miss Dunn just called and wanted to know where you were.

She also asked if Mr. Vale had gone to lunch."

Mr. Low: "When did she call?"

Miss Gamble: "Just before you came in."

Mr. Low, immediately telephoned Miss Dunn: "This is Mr. Low. I'm back on the ward."

Miss Dunn: "O.K. Now don't go flitting off the ward without letting us know."

Mr. Low: "All right," and hung up the phone.

"Miss Gamble, didn't you know where I was? Didn't Mr. Vale tell you where I was?"

Miss Gamble: "No."

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Miss Gamble: "No."

Mr. Low: "O.K. That's all right."

Miss Carr In a moment or so he realized that Miss Dunn had known where he was when she called the ward. He again called her.

Mr. Low: "Hello. This is Mr. Low. I wanted to tell you that in the event that you may think that Miss Gamble was covering up for me when you called, I will tell you she truly did not know where I was. Had you talked to Mr. Vale, you would have received the correct information since I had instructed him to tell you where I was and why."

Miss Dunn: "I'm not drawing any conclusions. All I know is that I saw you in the basement of the nurses' home with dungarees on when you should have been on the ward."

Mr. Low: "Well, in case you thought the student was covering up for me, I just wanted to tell you she was not!"

The next day, Monday, Mr. Low went to the canteen for coffee where he met the Director of Nurses, Miss Tilton, and an Assistant Director, Miss Carr.

Mr. Low: "Good Morning. The floor's laid in the rumpus room. Maybe you'll have a chance to see it when you go to dinner."

Miss Tilton, smiling: "That's good."

Miss Carr, smiling also: "Did you do it yesterday?"

Mr. Low: "Yes, and Miss Dunn was a little upset about it. I don't blame her. There are no two ways about it, I'm in the wrong. I didn't give her any excuses and she was right in bawling me out."

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The next day, Monday, Mr. Low went to the canteen for coffee

where he met the Director of Nurses, Miss Tilton, and an Assistant

Director, Miss Carr.

Mr. Low: "Good Morning. The floor's laid in the ramp room. Maybe

you'll have a chance to see it when you go to dinner."

Miss Tilton, smiling: "That's good."

Miss Carr, smiling also: "Did you do it yesterday?"

Mr. Low: "Yes, and Miss Dunn was a little upset about it. I don't

blame her. There are no two ways about it, I'm in the wrong.

I didn't give her any excuses and she was right in blaming me

out."

Miss Carr: "Do you consider yourself well chastized?"

Mr. Low: "Oh, yes, I do!"

ANALYSIS

In this incident, the communications are not satisfying yet learning does occur for Mr. Low. He is forced to agree verbally with Miss Dunn that his actions were wrong. "I agree with you that it was my mistake...." Understanding cannot develop due to Miss Dunn's aggressive attitude, "I'm going to run this service...." The effect causes a loss of real understanding on anything but a superficial level, and he acquiesces to her authority as a supervisor, "You'd better get back to the ward right now!" "I will."

The motivation for his behavior, to help lay the floor, is not recognized, rather it is trampled on and the foundations for negative learning is established. In this incident, Mr. Low is not rewarded for his efforts except by Mr. Vale, the student, who says, "Your helping to fix up the room benefits both me and my class."

Additional negative learning occurs when he returns to his ward and finds that Miss Dunn has apparently not trusted the truth of his remarks, or was checking up on him to see that he did return when told. This behavior on her part causes him to react strongly so that he becomes distrustful of her motives. He attempts her twice to dispel any ideas she might have that the "student was covering up for me."

As a result of this experience he realizes that he must be cautious with this supervisor and not make decisions such as this one.

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Additional negative learning occurs when he returns to his ward and finds that Miss Dunn has apparently not trusted the truth of his remarks, or was checking up on him to see that he did return when told. This behavior on her part causes him to react strongly so that he becomes distrustful of her motives. He telephones her twice to dispel any ideas she might have that the "student was covering up for me."

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As a result of this experience he realizes that he must be cautious with this supervisor and not make decisions such as this one

without first consulting her.

He receives some approbation the following morning from the Director and her assistant for they do not appear concerned but have neutral feelings about the incident.

He is never given the opportunity to explain the reason for his actions by anyone and he is forced to withhold them. The benefits of ventilation are lost to him causing any anxiety he may have felt to be suppressed adding to his frustration. The admission of his error to Miss Dunn and Miss Carr cannot be conceived as ventilation, rather it is indulgence in socially expected behavior, for it would not be correct if he were critical of Miss Dunn.

Miss Dunn's abrupt comments and her phone call to the ward serve to reinforce Mr. Low's opinion that his behavior was justified. The inattention to his reasons for leaving the ward also reinforces his assurance that it was necessary for him to help the workman, his presumption being based on his participation in making the arrangements for the flooring.

Throughout the case, it is apparent that Mr. Low is refraining from enlarging upon his comments to Miss Dunn. Her crisp initial remarks, "Well, Mr. Low...." and "Who's on the ward?", reveal her disapproval and produces the sort of climate necessary for pseudocommunication. He responds solely to her expressed attitude in a defensive manner. As a consequence, these forces block the development of understanding for his presence in the nurses' home and reveals a mutual lack of confidence in one another.

Miss Dunn's telephoning the ward following their initial meeting

without first consulting her.

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Miss Dunn's telephoning the ward following their initial meeting

is unnecessary in Mr. Low's opinion and furthers the growth of strong feelings between them. This action reduces his feelings of worth and status and he responds with aggression to defend his students so that understanding continues to be blocked.

The methods of communication employed by Miss Dunn are censure, suspiciousness and dominance. Her initial statement sets the tone for the remainder of their exchanges in which she pays little heed to what Mr. Low says. For example, when Mr. Low said, "I told the student to tell you where I was in case you wanted to know." Miss Dunn, "That's not the point. You didn't tell me that you were going off the ward."

The above exchange is also descriptive of censure and more so when, "I'm going to run this service...." from her preceeding statement is included.

She criticizes his presumptuousness in deciding that he had adequate ward coverage without consulting with her. Her ego has been wounded by his actions and her retaliation serves the same purpose, reducing his feelings of worthiness and adding loss of recognition for his efforts.

Under the pressure of her attack he agrees that he made a mistake in not telling her what he was going to do, but he remains on the defensive trying to strengthen his position, "I arranged to have Mr. Vale stay on until I got back."

Throughout their exchanges she maintains a domineering point of view. In effect she informs him that she is the superior person and he, because of his position, must ask permission before making a decision. "I'm going to run this service....", "You didn't tell me...." and "You'd better

is unnecessary in Mr. Low's opinion and further the growth of strong feelings between them. This action reduces his feelings of worth and status and he responds with aggression to defend his students so that understanding continues to be blocked.

The methods of communication employed by Miss Dunn are censuring, suspiciousness and dominance. Her initial statement sets the tone for the remainder of their exchanges in which she pays little heed to what Mr. Low says. For example, when Mr. Low said, "I told the student to tell you where I was in case you wanted to know," Miss Dunn, "That's not the point. You didn't tell me that you were going off the word."

The above exchange is also descriptive of censuring and more so when, "I'm going to run this service...." from her preceding statement is included. She criticizes his presumptuousness in deciding that he had adequate word coverage without consulting with her. Her ego has been wounded by his actions and her retaliation serves the same purpose, reducing his feelings of worthiness and adding loss of recognition for his efforts. Under the pressure of her attack he agrees that he made a mistake in not telling her what he was going to do, but he remains on the defensive trying to strengthen his position, "I arranged to have Mr. Vale stay on until I got back." Throughout their exchanges she maintains a dominating point of view. In effect she informs him that she is the superior person and he, because of his position, must ask permission before making a decision. "I'm going to run this service....", "You didn't tell me...." and "You'd better

get back to the ward right now" illustrate the above statement.

Suspicion is communicated by the immediacy of her phone calls to the ward. The effect of these calls is to arouse tension and anxiety on the part of Mr. Low. He reacted quickly in defense of his staff to protect them and to allay any fears of Miss Dunn that his staff was covering up for him.

The direct belittling approach employed by Miss Dunn prevents any exploration for Mr. Low's behavior. The result is they cannot attain understanding or insight into the situation. His misdemeanor having flaunted her authority is adequate proof of his misjudgment. "I'm not drawing any conclusions. All I know is that I saw you in the basement of the nurses' home with dungarees on when you should have been on the ward."

Her methods of communication cause her to negate her role as a supervisor for leading, counseling and planning. The insistence upon the correctness of her point of view forces the rejection of these responsibilities.

Mr. Low's encounter with Miss Tilton and Miss Carr the following morning abrogates Miss Dunn's authoritarianism. Their reaction is one of approbation for him and disparagement for Miss Dunn. This exchange serves to strengthen the correctness of his actions so that he can accept with dispassion Miss Dunn's censure.

The methods of communications utilized of censure, suspiciousness, and dominance reveal a need for modification. These techniques effectively foiled any inquiry into the motives for his behavior. The

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effectively belied any inquiry into the motives for his behavior. The

experience is not satisfying to either Miss Dunn or Mr. Low as the incident proves to be a contest of power relationships.

Agreement, understanding or evaluation is not possible because of the intensity of their attitudes which is revealed in the brevity and staccato-like responses made to each other.

The problem posed was to ascertain whether or not interpersonal communications would reveal a need for modification of the supervisory process was to be more effective.

The analyses of the five situations studied may be examined in the light of accepted supervisory processes utilizing APHRODISIA.¹

Appreciation: Miss Jones and Miss Swift were aware of the problem of motivation and performance of work that Mrs. Shore presented. They were unable to clearly define the problem or how to resolve it. Their references to Miss Carr, the Supervisor, reveal a lack of confidence in her ability to perceive the problem clearly and in her ability to provide a satisfying kind of leadership in the resolution of the issue.

Similarities are noted in the other cases where the supervisory methods are autocratic and dominating in form. It is not clearly seen that the supervisors and head nurses are not talking about the same things but are carrying on pseudo-communications.

Planning: It is evident that in Case II Mrs. Dunn failed to plan for a conference with Mr. Smith where they could explore the problem of clinical teaching in a permissive atmosphere. Her handling approach

1. Finer, Herman. Op. cit. p 173.

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CHAPTER IV

Lack of short or long planning is also evident in the other cases. The common element to be found is the singleness of action on the

DISCUSSION

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Apperception: Miss Jones and Miss Swift were aware of the problem of motivation and performance of work that Mrs. Shore presented. They were unable to clearly define the problem or how to resolve it. Their references to Miss Carr, the Supervisor, reveal a lack of confidence in her ability to perceive the problem clearly and in her ability to provide a satisfying kind of leadership in the resolution of the issue.

Similarities are noted in the other cases where the supervisory methods are autocratic and domineering in form. It is not clearly seen that the supervisors and head nurses are not talking about the same things but are carrying on pseudocommunications.

Planning: It is evident that in Case II Mrs. Mann failed to plan for a conference with Mr. Smith where they could explore the problem of clinical teaching in a permissive atmosphere. Her headlong approach

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The problem posed was to ascertain whether or not interpersonal communications would reveal a need for modification of the supervisory process was to be more effective.

The analyses of the five situations studied may be examined in the light of accepted supervisory processes utilizing PROSDOCOR.¹

Apperception: Miss Jones and Miss Swift were aware of the problem of motivation and performance of work that Mrs. Shore presented. They were unable to clearly define the problem or how to resolve it. Their references to Miss Carr, the Supervisor, reveal a lack of confidence in her ability to perceive the problem clearly and in her ability to provide a satisfying kind of leadership in the resolution of the issue. Similarities are noted in the other cases where the supervisory methods are autocratic and dominating in form. It is not clearly seen that the supervisors and head nurses are not talking about the same things but are carrying on pseudocommunications.

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precipitated strong emotional reactions producing a schism in their relationship and disharmony. There is no evidence that any broad planning for clinical teaching has been done, the form it should take, the content or where it should be done.

Lack of short or long term planning is also evident in the other cases. The common element to be found is the singleness of action on the part of the supervisors without consultation or mutual exploration with the head nurses of problems, either personnel or equipment.

The communicative actions of the supervisors produce aggression, hostility and misunderstanding.

Organizing: Case III and Case V are illustrative of a lack of establishment of a formal structure of authority. The permissiveness of the situation allows Mr. Smith to badger and force the supervisor into superficially exploring the problem Mr. North has presented. Mr. Smith ultimately crosses several lines of authority to reach his goal of fair treatment for Mr. North. Throughout his experience of crossing these lines the communications that occur produce resentment and hostility. Inasmuch as Mr. Smith's and Mr. Buckley's goals are not mutual pseudo-communications exist.

Mr. Low's behavior also demonstrates weakness in organizing. He confidently made the decision that his ward was covered without need for consulting the Supervisor, Miss Dunn, in Case V. Their exchanges ultimately resolve in a battle of power relationships in which he is sustained by the approbation he receives from the Director and Assistant Director of Nurses the following morning.

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Miss Dunn's and Mr. Low's mutual goal for safe patient care is lost in the communications which occurred between them because of the rapid disintegration of their relationship into hostility and suspicion of each others motives.

Staffing: In Case I, this area is illustrated by a lack of understanding of what constitutes effective nursing. Mr. Smith, in Case II, is not helped with his problems of staffing so that he can keep his floor covered and still give clinics.

Misses Jones and Swift are concerned with consistency in carrying out procedures to make the patients safe and Miss Carr is concerned that they have the "best nurse." Supervision in this instance does not help them to see what it is they are concerned with nor how to involve Mrs. Shore in the attainment of their objectives.

Throughout the cases there is no attempt to find solutions to problems of staffing through a mutual exploration of viewpoints and ideas. Dogmatism, directness and pseudocommunications revolve about this area perpetuating the conditions under which they work.

Directing: Mr. Day's methods of making a decision in Case IV produces a frustrating experience for Mr. Horn. Mr. Day's arbitrariness yielded anxiety and aggression on his part. He does not provide the necessary leadership to evolve criteria for either the quality or function of the forceps, but reduces their exchanges to an ego-destroying situation for Mr. Horn.

Mr. Low's experience with Miss Dunn in particular is similar in which he is also attacked for his audacity in making a decision alone.

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Mr. Low's experience with Miss Dunn in particular is similar in which he is also attacked for his anxiety in making a decision alone.

She informed him that only she could make the decision in no uncertain terms.

Decisions are made throughout the cases in a wholly one-sided fashion, never in conjunction or consultation with those affected. The resultant effects of these decisions as they are communicated by the supervisor to the head nurse produce a reciprocal effect on attitudes.

Aggressiveness is met with hostility and resistance, disinterest with feelings of futility.

Coordinating: The inter-relating of the various parts of the work situation is overlooked by the supervisors. Mr. Day gives no heed to the effect that the faulty forceps have on Mr. Horn. Miss Dunn also is heedless for the effect her approach will have on Mr. Low and his interest in student affairs. Miss Carr's irrelevant remarks to Miss Jones about the qualities of Mrs. Shore do not aid her in reaching a solution of how to integrate Mrs. Shore into a coordinated team for carrying out safe patient care.

The opportunity to provide positive learning for what is effective nursing is overlooked by the supervisors in their contacts with the head nurses. Inasmuch as each situation and problem is different, they can provide a foci upon which to build coordination and cooperation in the development of effective nursing care.

Once again the aggressions, hostilities and frustrations experienced throughout the various situations negate this element.

Reporting: The need for reporting is overlooked by Mr. Low, and Miss Jones feels the futility in reporting as does Mr. Horn when problems arise.

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Reporting: The need for reporting is overlooked by Mr. Low,

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problems arise.

A breakdown in this element is already demonstrated by Mr. Low's actions and is inherent in the expressed attitudes of the others. Evidence for this lies in the nature of the exchanges with the supervisors which are characterized by domineering and arbitrary attitudes.

Records are used only in Case I when Miss Carr uses Mrs. Shore's personnel file as a tool to override Miss Jones' contentions that Mrs. Shore is inadequate for the job.

The opportunity for exploration and self-correction during conversations between the supervisors and head nurses did not occur. Throughout, supervisory actions fostered dependency and a lack of growth and development in the head nurses which is revealed by the supervisors domineering paternalistic attitudes.

Budgeting: Mr. Smith's methods of budgeting his time for clinics comes under fire from Mrs. Mann who strongly disapproves of his methods. Again he is given no help or guidance in how he might improve his apportionment of time for clinics. He is criticized rather than helped and his reaction forces the withdrawal of the problem into another area where he can admit his deficiencies.

Miss Carr also overlooks the opportunity to help Miss Jones budget her time to orient the new students by injecting a staffing situation into their conversation, "Three grads on duty."

Mr. Day's reaction to the faulty forceps negates his responsibility for equipment, its satisfactory performance and suitability for its function, forgetting the effect which poorly chosen or designed equipment has on those who must use it.

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The communicative patterns utilized by the supervisors force a neglect for the effect which interpersonal communications have on the budgeting of time and equipment.

Diametrically communications throughout the cases were effective in that they tended to reinforce the individuals values, whether right or wrong. Hence the methods of communications used produce a conundrum. Learning occurs, but is it positive, incidental or in line with supervisory methods as they are thought of today, or the goals of the department or the institution.

The need for changes was demonstrated particularly in the following areas:

1. Agreement on what constitutes good nursing care.
2. Clarification of lines of communication, authority and responsibility.
3. Agreed upon objectives for the educational program for nursing students and coordination of responsibility in implementing objectives.
4. Development of reliable criteria for appraising the competence and growth of nurse personnel.
5. Development of in-service programs for supervision and head nurses which will promote acceptable nursing methods.
6. Development of sensitivity to affect of communication on the person receiving the communication.

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CHAPTER V

CONCLUSIONS

From the above, it is quite apparent that the process of supervision is negatively influenced by the present methods of communication and that modifications in methods of communication are needed if the supervisory process is to be improved. The need for changes was demonstrated particularly in the following areas:

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5. Development of in-service programs for supervision and head nurses which will promote acceptable counseling methods.
6. Development of sensitivity to affect of communication on the person receiving the communication.

RECOMMENDATIONS

To bring about the modifications shown to be essential, the following suggestions are made:

1. An in-service education program should be instituted to consider what is good nursing care.

This could be accomplished in the following way. The leaders in the nursing department could form a joint committee in which all levels of nursing personnel would be represented to inquire into this problem. It would be the responsibility of this group to identify problem areas, review published materials, consult with individuals throughout the organization for information and opinions, and to prepare bibliographies and references.

A central committee would provide benefits in economy of time and effort in getting the work started on the problem. In addition, the broader viewpoints of those in the upper echelons, who are accustomed to seeing relationships and need from a service-wide outlook, would be counterbalanced and stimulated by those on the lower levels who are actively involved with problems of patient care, resulting in deeper insights by all the committee members.

Following the preliminary work of the central committee, additional groups should be formed maintaining the vertical method of selecting the membership, to foster a continuance of the cross-fertilization of ideas inherent in the structure of such problem solving groups.

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inherent in the structure of such problem solving groups.

Initially, the designated leaders for these groups would have to prepare the agenda, but after a committee becomes accustomed to working as a group, it will provide its own agenda with each member feeling himself to be a full participant with specific tasks to perform.

Improvement of patient care requires the involvement of all the nursing personnel to take part in planning, coordinating and implementing the solutions. Group planning improves the effectiveness of personnel for it provides added opportunities for the satisfaction of psychogenic needs of the individual. It also reduces anxiety when change is effected and heightens the acceptance of measures to improve the quality and quantity of patient care.

The kind of leaders chosen for these groups is of the utmost importance, for it is incumbent on them to maintain a free flow of ideas between the members of their group as well as between each group.

The leader must be able to listen, to be understanding, and to have a real respect for another's point of view if he is to have a productive group striving to attain the objectives of hospital.

2. Areas of responsibility and lines of communication should be defined and clarified.

This could be accomplished by examining the pattern of organization, determining where overlapping of responsibility and authority occurs. Each person in the organization ought to be perfectly sure from whom he receives orders and to whom he gives them; to whom he reports and who must report to him.¹

1. Finer, Herman. Op. cit. p 224.

Initially, the designated leader for these groups would have to prepare the agenda, but after a number of sessions he would be able to provide his own agenda with each member feeling himself to be a full participant with specific tasks to perform.

Improvement in patient care requires the involvement of all the nursing personnel to take part in planning, coordinating and implementing the activities. Group planning improves the effectiveness of personnel for it provides a good opportunity for the expression of individual needs and the leadership. It also reduces anxiety when change is effected and helps the acceptance of measures to improve the quality and continuity of patient care.

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3. Areas of responsibility and limits of command action should be defined and accepted.

This could be accomplished by examining the pattern of organization, describing where overlapping of responsibility and authority occurs, and then in the organization must be periodically sure that each person receives orders and to whom he gives them; to whom he reports and who he reports to him.

Reorganization of the nursing department is indicated to the extent that the supervisors are delegated the full responsibility for specified units, personnel, and patients. The danger inherent in overlapping of responsibilities and authority is duplication and confusion.

In addition, definition of activities essential to the functions of the position would clarify the roles of the supervisors and head nurses who, in this situation function interchangeably as assistant directors and supervisors.

Inherent in this process of establishing clear areas of responsibility would be the creation of new job descriptions and specifications.

Concomittantly with the division and delegation of responsibility will follow clarification of lines of communication so that some kind of formal order will be followed to insure a clear flow of information upwards and downwards throughout the organization.

The creativity lying dormant in the individuals can be released when they know and clearly recognize the formal structure of the organization, the area of authority and responsibility, and the goals of the institution. The individual will benefit from greater job satisfactions and the challenges open to him.

Clarification of responsibilities will prove beneficial for both the organization and the individual. The organization will receive benefits from improved performance and accomplishment of tasks by the individual.

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3. Establishment of personnel practices which will

promote the growth of the personnel.

This, in particular, is needed in the area of interpersonal relationships and counseling.

The cases showed a lack of a common concept of what constitutes an effective nurse or of clearly defined levels of competency. Agreement by those responsible for evaluating these must be reached and communicated to the supervisors, head nurses, and to the staff nurses.

Effective counseling aims for the growth of the individual and at his increased independence. Exhortation, criticism, ordering, and intellectual interpretation, usually fail when used as techniques for guidance. In order for counseling to be most effective, the individual must be helped in such a way as to encourage his growth and independence.

Horizontal or peer groups should be established on all levels of the nursing department, which will have as their objective an increased understanding of self in relation to and in reaction with others.

Initially, the designated leaders should be highly skilled in this therapeutic type of group work. If necessary, leaders should be looked for outside of the nursing department, among the staff physicians, or beyond to the community, to obtain a person with the necessary skills.

Skillful leadership could, during the course of the meetings, direct the thinking of the group into appraising the effect of their interpersonal relations on the kind of nursing care that they are giving or supervising. The members, at the same time, could appraise their skills in communicating and the kinds of things they communicate to others.

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Sociodrama and role playing would be valuable adjuncts to the group discussions, allowing the members to see, in action, the effect of various ways of communicating with one another providing a mutual group experience. The members, having shared in a common experience, make it possible to discuss a mutually familiar segment of an interpersonal experience.

In addition, this method provides opportunity to try out other forms of behavior and further interpretation of the roles with the help of the leader to think through the situations.

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Sociodrama and role playing would be valuable adjuncts to the group discussions, allowing the members to see, in action, the effect of various ways of communicating with one another. Providing a mutual group experience. The members, having shared in a common experience, make it possible to discuss a mutually familiar segment of an interpersonal experience.

In addition, this method provides opportunity to try out other forms of behavior and further interpretation of the roles with the help of the leader to think through the situations.

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